# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 107

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	CALL	VIE	IJE.A	

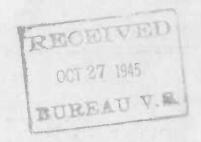
	CERTIFICAT	TE OF DEATH	Reg. Diat. No. 131
77	1. PLACE OF DEATH:  County City or lown   City or l	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
	How long in above place of death?  Hospital, Institution in street eddress where death octurred by the land of the street eddress where death octurred by the land of the street eddress where death octurred by the land of the street eddress where death octurred by the land of the street eddress where death octurred by the land of the street edd of the s	City or tensor (If ontside city or town limits.  Street No. 19 (If rural, give I	Reula
	How long in hospital or institution?	2.(a) If veleran, name war	Many
		luch	3. (b) Social Security Number
	Male 5. Color or rice 6.(a) Single, married, widowed, or dispresed	MEDIGAL CE. 20. DATE DE DEATH. CE.	RTIFICATION 250
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from
	7. Birth date of deceased (mo., day, yr.)		4 4 1943
	8. AGE: Years Monthly Days If less than one day	Immediate cause of death Rameho Ram	DURATION / Way
	8. Birthplace Melencel Jelli, Co, Merfaces	Due 10	
	1D. Usual occupation.	Due to	***************************************
	11. Industry or busings   12. Name William Willeams		
	12. Name Wallry Willeaus  13. Birthplace Nedersh Carok Marland	Other conditions	***************************************
	14. Maiden name Hadre Merted / Wille 12	(Include pregnancy within 3 mor	
-	\$ 15. Birthplace floothernely and, Mayau		
	Address Jeep rolle Hos. 10 Jonas Hol	Autopsy results	death should he charged statistically.
	17. Burial, crematich, or removal, Whichi) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes Accident, suicide, or homicide	
	Cemetery or crometery Montevice Cem.	Where did injury occur?(City or town)	
	Location the derigh Co. Maryland.	Injured at home, farm, industry, public place (where	
	18. Funeral director	Means of Injury	Injured at work?
-	Address fre deuch G. Manhaust.	23. SIGNATURE If Laurence	Taking mo
	(Date ree'd by registrar)  (Date ree'd by registrar)  Registrar	Address Fueluct mg	M. D. or other

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

10069 Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
1. PLACE OF DEATH: Frederick	(For newborn infants give residence of mother)	
l Frederick-Rural	State Maryland County Frederick	
(If outside city or town limits, write RURAL and give nearest town)	Tugconone	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospilal, institution, or street address where death occurred: Emergency Hospital	Street No	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war None	
3. (a) FULL NAME	3. (b) Social Security Number	
GARRY LAMONT AMBUSH		
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION	
M C S	20. DATE OF DEATH. October 25, 18 45 at 6P M	
6.(b) Name of husband or wife	21. I CERTUY that leath occurred on the date above stated; that Lattender deceased from	
7. Birth date of Oat above 15 1045		
7. Birth date of deceased (mo., day, yr.) October 16, 1945	and that I last saw h	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
0 0 9hrsmin.	Tarachial Meumon 260	
Frederick-Frederick-Maryland		
9. Birthplace	Due to	
10. Usual occupation Infant		
	Due to	
11. Industry or business  Charles E. Ambush		
12. Name Charles E. Ambush 13. Birthplace Frederick County Maryland	Dther conditions	
	(Include pregnancy within 8 months of death)	
14. Maiden name Mildred Rice		
Frederick County Maryland	Major findings of operations	
14. Maiden name Mildred Rice 15. Birthplace Frederick County Maryland 16. Informant Charles E. Ambush	Date of op.	
	Antopsy results	
Address Tuscarora, Maryland		
Burial 10/26/45	22. VIOLENCE: It death was due to external causes, till in the following:	
Burial (Burial, cremation, or removal, Which)  Colored Comptant (month) (day) (year)	Accident, suicide, or homicide	
Cemetery of Crametery Colored Cemetery	Where did injury occur?	
lection Point of Rocks, Maryland	Injured at home, farm, industry, public place (where?)	
M. R. Etchison and Son	Means of Injury Injured at work?	
18. Funeral director		
Address Frederick, Maryland	on cloudying M. D.	
21 - Oct CP: 1 At 4 trees	M. D. or other	
19. 26 - CC 19. 19.4.5 Change The Jettle J. Registrar Registrar	Address Frederick, Maryland Date signed 10-26-45	



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

# CERTIFICATE OF DEATH

Reg. Dist. No.,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn in Anti-Stive residence of mother)
County Julianity	Ment da la
City or town a rederially always	State Maryland County Trederical
(If outside city or town   mits, write RURAL and give nearest town)	town // Ms alray
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Meraquee Ankelal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Marles Muou Ha	teer
4. 6ex 0   5. Color of race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION . O
male white Wilower,	
colare ville vicasiery	20, DATE OF DEATH OCCOLOR 01 1943 at M
Rott W. lath Narusad	21. I CERTIFY that death occurred on the date above stated: that I attended seceased from
6.(b) Name of Australia or wife.	Sclober 17, 19.45 pe 104 31, 18 43
(Accessed )	Det 1.12 021
7. Birth date of (2000)	and that I last saw because on delatter 03/ 19.45
deceased (mo., day, yr.)  \( \lambda \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Immediate cause of death
8. AGE: Years Months Days If less than one day	
and the second min.	Gent nonan Uhrmfora I day
Tookerale put Man land -	
9. Birthplace (Fown, county, und syste)	Bue to
Torus 63	
10. Usual occupation.	Due to Alexan description
11. tndustry or busingss	
12 Name Clearles A Balegr	Other conditions Maga canda to
El tank	
	(Include pregnancy within 3 months of death)
14. Maiden name Catherizel Cekel flandaud.	Major findings of operations. And
5 15 Birtholog Nederick Count Marvard	
≥1 15. Birthplace / garacter sugar / respective	Date of op.
16. Informant Maques Page	Autopsy results.
Dungla to b Avedonich Alla	PHYSICIAN: Ptease underline the cause to which death should he charged statisticalty.
Address Mergell rap, Therefore, ora	22. VIOLENCE: If death was due to external causes, fill in the following;
17.   Date thereof	Accident, suicide, or homicide
(,) . (4)	
Cemelery or cremetery July JI Nove	Where did injury occur?
Location Mex. Gray. Casholpha. The	Injured at home, farm, Industry, public place (where?)
A MI MATTLE	Meens of tnjury tnjured at work?
18. Funeral director	a a a h
Address Newfield Ild.	(1 (1 (Jeans 11-2)
CD. 1 An le 11 . 0	23. SIGNATURE M. D. or other
19. VVV I 1943 - Chabelle J. Heck.	Judenes Md. Boto cland 10,21/41
(Date rec'd by registrar) Registrar	Address. Date signed.



2411 N. Charles St., Baltimore 1572

10071

CERTIFICATE OF DEATH

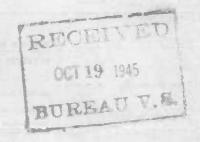
			1 2	
Reg.	Diat.	No.	 3	L

1. PLACE OF DEATH:  County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)
City or town If outside city or town limits, write RUKAL and give nearest town)	State Many County Carry
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME liga beth Jewel Boker	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Familes White Single	20. DATE OF DEATH actalus 15- 18.42- 01 12.50 AN
6.(ô) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10/14-1945, to 10/10-1945
7. Birth date of deceased (mo., day, yr.)	and that I last saw harmalive on 1944
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
hrsmln.	(Skima ( John) / fire
9. Birthplace Gredent City Hospital	Bue to Calabara C
(Town, county, and state)	Conjusted heart diseased
10. Usual occupation	Due to
11. Industry or business	
12. Name Howard & Baster  13. Birthplace Tusin Wa Va	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name John Labe	Major findings of operations.
No. med of undkar	
16. Informant	Autopsy resulta PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address V valationing The G	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, esemation, or removal. Whiteh)  Date thereof. (month) (day) (yegr)	Accident, suicide, or homicide
Cemetery or cremeter Middlebrung M. g	Where did injury occur?
Location Middlebrus & Mid.	Injured at home, farm, industry, public place (where?)
18. Funeral director Pars mond to Atrught	Means of Injury Injured at work?
Address Mouses Bridge. Mid	O & la fito land.
15 Oct CP- NAO CINA	23. SIGNATURE M. D. or other
19. 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Particult lud Date signed 10/13/45-

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and regibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE



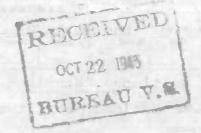
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

# CERTIFICATE OF DEATH

2 DI LOP ON DELTH	C HOULT DESIDENCE (TYOU ATT) OF DESCRIPTION
1. PLACE OF DEATH:,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	2
City or town. (If outside city or town) mits, write EURAL and give nearest town)	1 600 11 6 177 7.1
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give near sit town)
Hospital, institution, or street address where death occurred.	
	(If rura), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Anna Lee Baldwin	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	2D. DATE OF DEATH Gelding / 6 - 19.42 at / C. A. M.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Och - 14 - 1845 to Och - 16 - 1845.
7. Birth date of	and that I last saw have alive on Get 13- 19 45-
deceased (ma., day, yr.) Nov. 10. 1879	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION  Authorited Programme 1940
65 11 6min.	
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. Birthplace Baltimore, Mary and (Town, county, and state)	Due to.
10. Usual occupationRatiredSchoolteacher	Due to
11. industry or business	
12. Hame Oliver P. Baldwin	Other conditions the large Dyspuer
	(Include pregnancy within 3 months of death)
14. Malden name Mary P. Lewis 15. Birthplace Virginia	9
15. Birthplace Virginia	
10 11.0	Date of op.
18. Informant Mus. I I Man and Change	PHYSICIAN: Flease anderline the cause to which death should be charged statistically.
Address Emmitsburg, Md.	
E . 3	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof. Oct. 19, 1945. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. John's Waverly Cemeter	Where did injury occur?
Location Baltimore, Maryland	Injured at home, farm, lodustry, public place (where?)
18. Funeral director. A. Cellipon	Means of Injury Injured at work?
Address Emmitsburg Maryland	0. 10 B : 000
21 4 1	23. SIGNATURE
19. Oct -17 19 45 - 16. 1. Shuff	E. T. 2.1

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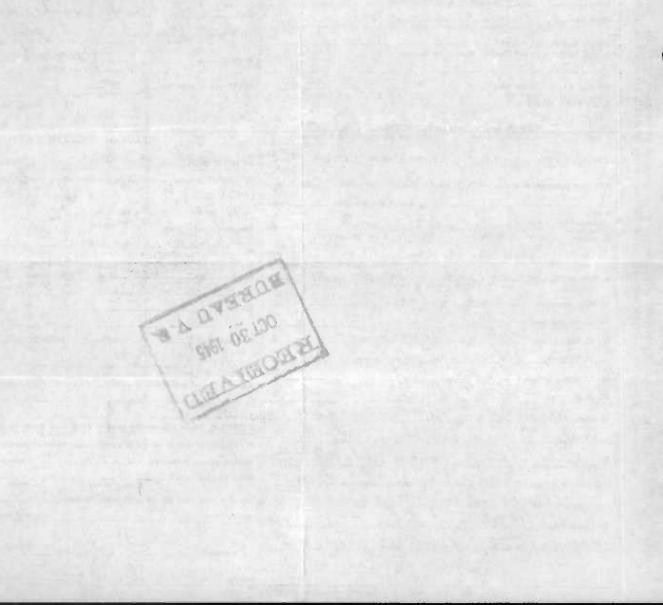
VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. 140
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants dive residence of mother)
City or town (If outside city or town limits, write RURAL and give near st town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, Ave LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Tewis Ecker Darnes	More
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH OLT. 25 19 40 of / 2/30 Am
Carin War Brown	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	Oct 14 19 45, 10 Oc 25 19 45
7. 8irth date of	and that I last saw have alive on O. A. 25 19 4 5
deceased (mo., day, yr.) bully 10 - 18 13	Immediate cause of Beath DURATION
8. AGE: Years Months Days If less than one day	Keart for who 4 1
7 3 / 3  hrsmln.	
8. Birthplace (Town, county, and state)	ougho free for the sound of the
10. Usual occupation Carpenter	Myenene CTV West
	Oue to.
11. Industry or business	
12. Name Danies 13. Birthplace Marsland	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name elima tchin	Major fiadings of operations.
E 15. 81rthplace May land	Date of op.
18. Intermetters, Carrie 21 Barres	Autopsy results
Addressless Windson, Md. R. W.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
D. 1 27-19UA	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remaral, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory June Janone Consultant	Where did injury occur?
Location Museurelle Md.	Injured at home, farm, Industry, public place (where?)
10 10 Hostiles Theres	Means of Injury Injured at work?
18. Funeral director.	7.15
· Age Arran Budge A New Arragor wa	23. SIGNATURE AND
19. Oct 23  (Date rec'd by registrar)  (Date rec'd by registrar)  (Registrar	111
(Date rcc'd by registrar)  Registrar  W. O. Curstrusu	Address Date signed Date signed



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10074

# CERTIFICATE OF DEATH

County	F'rec	cick derick	death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newhorn infants give residence of m Slate Maryland Countries of the City or term of the City or term of the City or town limits, Street No. 32 Franklin Street No.	write RURAL and give nears	
		titulion?			(If rural, give I None	LOCATION)	
3. (a) FULL	NAME			BARTHLOW	1 2.0-7 1 (10.00), 10.00	3. (b) Social Security N	umber
4. Sex		. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
F		W	S		20. DATE OF DEATH. October	4th, 19 45	11:55A,
		***************************************		t) It alive, give ageyears 19, 1945	21. I CERTIFY that death occurred on the date above 19.4. and that I last saw h	15.10 COT 1	19.4.5 19.4.5
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death		DURATION
	0	0	15	hrs min.	Auto Dice	Mar	
10. Usual occup	business	Infan	Bart	nlow	Oue to		
13. Birthpia	ce Fr	ederick	Count	ty Maryland			
当 14. Malden	name]	Hazel L	. Bri	ghtwell ty Maryland	(Include pregnancy within 3 me		
LOW 15. Birthpla	ce Fr	ederick	Count	ty Maryland	Major findings of operations		
18. Interment	Wil	liam E.	Bartl	nlow	Autopsy results		
		anklin	St.,	Frederick, Md.	PHYSICIAN: Please underline the cause to white		
Bu:	rial	1 771 / 1 0	Date there	10/6/45 (month) (day) (year) et Cemetery	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
Location		Frada	rick,	Maryland	Injured at home, farm, industry, public place (whe		
18. Funeral dir		M D	Et ch:	ison and Son	Mesns of Injury	Injured at work?	
Address			rick.	Maryland		N	M. D.
	A	19.14.57	01	ijaluth J. Heck. Registrar	23. SIGNATURE	land Date signed	1U=0=40



MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10075
Reg. Dist. No. 132

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mether)
county Frederials	State Md - County Franker
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
10.1011	
4. Sex   5. Color or rack   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5. Other of races	MEDICAL CERTIFICATION
Female whote	20. DATE OF DEATH 20. 1943 at 37 M
	21. I CERTIFY that death occurred on the date above stated; that I standed deceased from
6.(b) Name of husband or wife	Oct 13 1845-10 Oct 30 1845
7. Birth date of	and that I last saw h. e. alive on C. 28 18 V.
deceased (mo., day, yr.) Det - 13, 1945	Immediate cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	Ammenate cause of dearward
17hrsmin.	Trenanty with
The Alice Trade of Med.	
9. Birthplace F. X. = lexick . Frederick & Md. (Town, county, and state)	Due to
10. Usual occupation	
	Due to
11. Industry or business	
E 12. Name OLAYles D. Beachley	Other conditions
\$ 13. Birthplace Petersville, Did.	(Include pregnancy within 3 months of death)
14. Maiden name. M	
6	Major findings of operations.
	Date of op
16. Informant Charles D Bezelley	Antopsy results
Address Lefferson, Rd.	
R .: 11 - 31 - 45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory L w that are a leave terry	Where did injury occur? (City or town) (County) (State)
	Injured et horbe, farm, Industry, public place (where?)
Location Pt. fale to so Wed.	Means of Injury Injured at work?
18. Funeral director. Selection of the control of t	messis or injury
Address M. Lale town. Mid.	43/4 h Mex
500	23. SIGNATURE M. D. or other
19. Wat 3 1945 yarre Gladelle	11 10 10 10 10 20 - 50
(Date rec'd by registrar) Registrar	Address Date signed



### MARYLAND STATE DEPARTMENT OF HEALTH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The case of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

14	1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Co	State of State Astrophylatty of the County which while the best of the
(If outside city or town limits, write RURAL and give nearest town)	
low long In ebove place of death?	(If outside city or town limits, write RURAL and give nearest town)
dospital institution or street address/where that hopeured:	Street No.
	(If rural, give LOCATION)
low long in hospital or Institution?	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
samuel De/Se	mell 220-07-456
1. Sax 5. Color or race 6.(a) Single, married, wildowed, or directed	MEDICAL CERTIFICATION
Male Mull married	20. DATE OF DEATH OOM 6 19 4 5 at 1/4
- Estalla Bonnott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
3.(b) Name of husband or wife	- Bay 1941 10 OW 6 19 4
Birth date of Section 1 (Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	and that I just saw htermalive on DIN 6
deceased (mo., day, yr.) / W X / - /8 6/	Immediate cause of death DURATION
AGE: Years Months Days If less than one day	
mir mir	
Birthplace thurmon treak Es. My	Bue to.
(Zown, county, and state)	
ID. Usual occupation	Due to.
1. Industry or business M. M. T. T. Smith	
12. Hame Nessy M. Dewill	Dther conditions
13. Sirthplace Surveyor Man	
14. Maiden name Typline 6. Chodes 15. Birthplage hurmon ma	(Include pregnancy within 3 months of death)
15 Birthniago Alana and an Ma	Major findings of operations
Warner Mr Bonnett	- Date of op. (Date of op. (Dat
6. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Salymon 1700	22. VIOLENCE: If death was due to external causes, fill in the following;
7. Date thereof (month) (day) (year)	Accident, sulcide, or homicide
The Stopment Time	
Cemetery or comments of the co	Where did injury occur?
Location Harmon Man	Injured at home, farm, Industry, public place (where?)
18. Funeral director of the Tileagur Hor	Means of Injury Injured at work?
Address Thurmont Mx	SP TO 100
1 at CD and 1	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	the state of the state of the



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-6)

10077

CERTIFICAT	E OF DEATH Reg. Diat. No.
I. PLACE OF DEATH: County Stellwick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
(If outside city of town limits, write RURAL and give nearest town)	State Will John County Frankly
How long in above place of death?	City or town
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(g) If reteran, name war.
Mrs Horence a Bent	3. (b) Social Security Number NOWL
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced   warried   wa	MEDICAL CERTIFICATION  20. DATE DE DEATH  MEDICAL CERTIFICATION  1945
6.(b) Name of husband or wife Burnaled M. Benty	21. I CERTIFY that death occurred on the date obove stated; that I attended deceased from
7. Birth dato ot deceased (mo., day, yr.) Suft 30, 1877	and that I last saw her Lalive on Oot 81 19 43
8. AGE: Years Months Days It less than one day	Immediate cause of death with metastical DURATION
68 0 9min.	to peritoneur and 6 month
9. Birthplace (Town, county, and state)	Due to wilestinal obstruction
1D. Usual occupation	Due to
11. Industry or business	
12. Name and G. Mall	Differ conditions
	(Icclude pregnancy within 3 months of death)
14. Maiden nomelmie M Wefty  15. Birthplace  M. J.	Major findings of operations
16. Informant Bernard M. Bents	Actopsy results
Address Danentown ml RD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremstion, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Kupville	Where did injury occur?
Location Russfill Ful:	Injured at home, farm, Industry, public place (where?)
18. Funeral director. CUD uss Son	Meens of Injury Injured at work?
Address Danlytown ms.	With Codle, Mis
19 Oct 9 19 45 0 M. F. Shaff (Date red by registrar)  (Date red by registrar)	Address June 10 M. D. or other  Address June 10 June 1

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BUREAU V.B.

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 55.0

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- Are	P	100	131

				Acres of the Party
CERTIFI	CATE	OF	DEA	TH

1. PLACE OF DEATH: County Frederick Rural	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Stafe
(If cotside city or town limits, write RURAL and give nearest town)  How long in above place of death?	Woodsboro (If outside city or town limits, write RURAL and give nearest town)  Street No
3.(a) FULL NAME CHARLES DANIEL BISER	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or discrete	MEDICAL CERTIFICATION
M W M	20. DATE DF DEATH. October 16th, 1945 at 10:30A
6.(6) Name of Australian or wife Lucy Kintz  6.(c) If alive, give age 53  7. Birth date of deceased (mn day vr.) August 30, 1890	21. I CERTIES that death occurred on the date above stated; that I altended deceased from  1944 10 1944 10 1944 10 1944 119 119 119 119 119 119 119 119 11
accessed (mail any) 110	Immediate cause of death
8. AGE: Years Months Days If less than one day  1 16hrs.	nin. Olssens of Sumerus 140
9. Birthplace Nr. Buckeystown-Frederick-Mar:  (Town, county, and state)  1D. Usual occupation.  1c. Industry or business  11. Industry or business  12. Name. Charles C. Biser  13. Birthplace Frederick County Maryland  14. Maiden name. Sarah Wiles  15. Birthplace Frederick County Maryland  16. Informant. Mrs. Sarah W. Biser  Address R. F. D. #3, Frederick, Maryland  17. Burial  18. Funeral director. Mount Olivet Cemetery  Location.  Address Frederick, Maryland  18. Funeral director. M. R. Etchison and Son  Address Frederick, Maryland	Diher conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  22. VIOLENCE: If deafh was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Meens of injury  Injured at work?
19. 18 Oct 19. 45 Elizabeth & Her Registrar)	Address Frederick, Maryland Date signed 10-17-45

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### MARYLAND STATE DEPARTMENT OF HEALTH

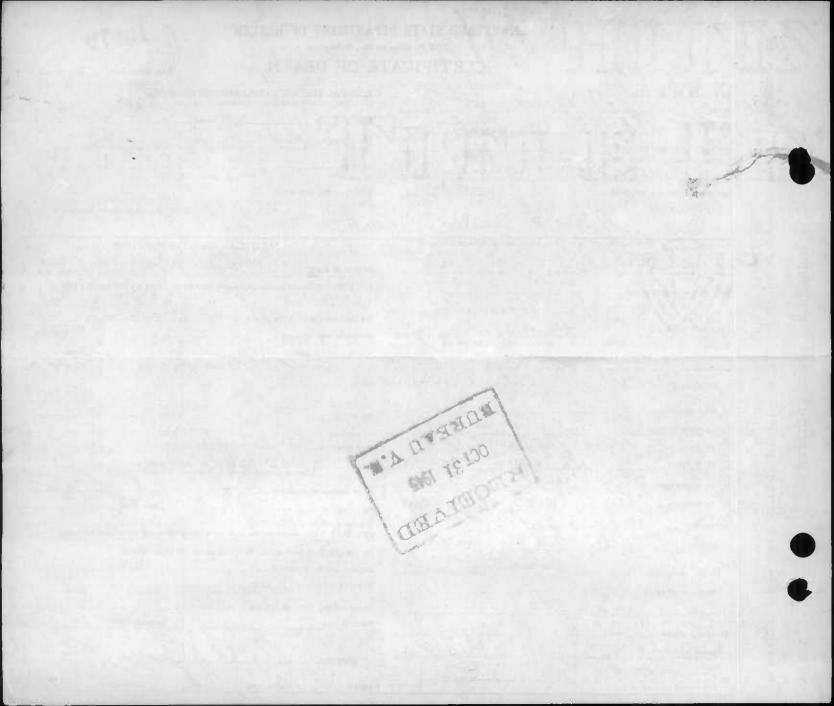
2411 N. Charles St., Baltimore 27-0)

# CERTIFICATE OF DEATH

\* 10079

Reg. Dist. No. 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Delever	(For newborn infants give residence of mother)
(If outside city or town limits/ write RURAL and give nearest town)	State Mary alla County Medically
	(If outside city or town limits, write EURAL and give nearest town)
How long in above place of death?	PEXET
Merslice Hospilal	Street No. (Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
Douald Englul /St	ech
4. Sex   5. Color or tace   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20
male Weite	20. DATE OF BEATH States 27 19 45 at 2P M
	21. I CERTIFY that death occurred on the date above stated: that I strended deceased from
6.(6) Name of husband or wife	Jelaver 13 19 45, to 2 10 12 7 19 43
7. Birth date of	and that I last sew blue affice on Dolable 27, 19 48
deceased (mo., day, yr.) Claule S, 1945	Immediate cause of death
8. AGE: Years Months Days litiess than one day	
1 0 1 2 1 mm	1 Bronks Pherman 3den
8. Birthpiaco / Rederich & rederich Co Marfallo	Due to.
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or businese	A
= 12 Name Deurasum Valutalen / Xell 4	Other conditions Dysen levy; catanadal grasp
12. Name Du allien Salere de out Margare	
	(Include pregnancy within 3 months of death)
14. Maiden name Olice Verguira Hossier, 15. Birtholage Mederica Daugh, Man aced,	Major findings of operations. Are
\$ 15. Birthplace Ilberiell Couldy Many Beed,	Date of op.
18. Information Derevie a felle A A gra	Autopsy results.
Address Merspelle Hop, Machely Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 - 10 1 Oct 31-1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?)  (Burial, cremation, or removal Which?)	Accident, evicide, or homicide
Cemetery or occurrency M ONLINE CESSIV	Where did injury occur?
Location Fre derick Co. Md.	Injured at home, farm, Industry, public place (where?)
& CTimetunt.	Meane of injury Injured at work?
18. Funeral director	a a A ha
Address Montenes Lend 44 M.A.	23. SIGNATURE A. C. Cesse M.D.
30- Oct wer Elicated & Hech	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)  Registrar	Address Date signed 27 4.



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

# CERTIFICATE OF DEATH

10080

1. PLACE OF DEATH // · · · · · ·	2. USUAL RESIDENCE (HOME) OF DECEASED:
County topyporte Tradquel	(For newborn infants give residence of mother)
The state of the s	State Md County Trederick
City or town	State.
7 / -	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
transit Jes Monsol	Seh
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
# 1 7.1:11	MEDICAL CERTIFICATION
Templ of all doured	20. DATE OF DEATH OCN 12 - 19.4 5 at 5 A M
0 13 0	
6.(b) Name of husband or wife Comenced 3. Boken	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1	Apr - 1941, to Oct / 2 19
7. Birth date of	and that I last saw h. Ar alive on Oel / 2
deceased (mo., day, yr.) Pune 6 1861	
8. AGE: Years Jonths Days If tess than one day	Immediate cause of death
	A second
84 4 6min.	arteres Acteroses
Jak Pr	
9. Sirihplace(Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name John S. Stoner  13. Birthotage Trederick Co.	Other conditions
[ 13. Birthptage Ctrederes Co	
E	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
S 15. Birtholace	
W. 6 7 HI DA	Bate of op
16. Informant V C J Haller	Antopsy results
Address 178 There St. Frake MIS	PHYSICIAN: Please underline the cause to which death should be charged statistically.
nucress / C man M Men 4 4	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
17 Date thereot 10-19-95	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  Date thereot (month) (day) (year)	
Cemetery or crematory Seave Cam	Where did lojury occur?
to Old on and	
Location The Conscious The Con	Injured at home, farm, industry, public place (where?)
18. Funeral director and second & Much	Means of Injury Injured at work?
18. Funeral director Configuration A.	2110
Address Askin Bridge Md.	a/1/2 Lea a
at 12 mag (Oth)	23. SIGNATURE. M. D. or other
19 00 13 19 to Macufaller	
(Date rec'd by registrar) Registrar	Address Date signed 10-12-43

RICHIG 1945 BURKATI V.S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Pilm G99 11-14-45

# 2411 N. Charles St., Baltimore (ESC.) CERTIFICATE OF DEATH

10497
Reg. Dist. No. 134

1. PLACE OF DEATH:  County 2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mether)			
	state Maryland county Frederick		
City or town			
Now long in above place of death? 21 years	City or town Rural Emmitsburge (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Emmitsburg, R.D. 2. M. M. TV.		
Emmitsburg, R.D.	(II FUERI, RIVE LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Charles Frederick Braw	ner None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Merried	20 DATE DE BEATH 0 45 1 785 M		
8.(b) Name of husband or wite. Mary Julia Brawner	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from		
B.(c) It alive, give age 61 years	1970 19 10 00 6 1975		
7. Birth date of deceased (mo., day, yr.) March 23, 1882	and that I last saw n		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death Demorrhay 3 day		
63 68 7 13hrsmin.	Carelral remarkage 3day		
	West Town of The season of the		
9. Birthpiace Adams County, Penna (Town, county, and state)	Oue to the feature of		
10. Usual occupation. Stone mason			
	Due to		
11. Industry or business			
12. Name John Thomas Brawner	Other conditions		
Z 13. Birthplace Adams County, Penna.	(Include pregnancy within 8 months of death)		
14. Malden name Mary Alice Petticord	Major findings of operations.		
15. Birthplace Frederick County, Maryland	major indings of operations.  Date of op.		
900 1 16 10 12			
16. Interment of additional formation of the state of the	PHYSICIAN: Please underline the caose to which death shootd he charged statistically.		
Address Complete Jung 1110	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
Burial Burial Bate thereof October 9, 194 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory St. Anthony !s	Where did injury occur?		
Location Emmitshurg, Maryland	Injured at home, tarm, industry, public place (where?)		
18. Funeral director L. L. Callingra	Means of trijury Injured at work?		
Address Emmitsburg, Maryland	WR. (luste her)		
Address Chillitosodis, mai traite	23. SIGNATURE		
190 CF 7 19 45 //1. 1. Shuff	Address Is with Trushed Date signed 10-7-45		

PLEASE WRITE PLAINLY, WITH UNITADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING VS A15

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That only interest, to place and a con-

Sign Of Too

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied.

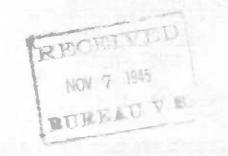
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2411 N. Charles St., Baltimore

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	- 1	1:6	0.	
Reg.	- L	199	XI	1 2
Reg	Diet	No	1	-3

Address Carrylmon, Med. Date signed 10/10/45

CERTIFICAT	TE OF DEATH Reg. Dist. No. 234
1. PLACE OF DEATH:  County _ Frederick  City or town _ Repal - Emmits burg . Md R. D. #2  (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or town Rurel Ward No.  (If outside city of town limits, write RURAL NEAR and give town)
Stay in this community (yrs., or mos., or days)	Street No. Emmit sburg Md R D #2 (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME Vincentia Gertrude Brewer	3. (b) Social Security Number
female white married  6.(a) Single. married, widowed, or divorced  female white married  6.(b) Name of husband or wifeSamuel_Brewer	MEDICAL CERTIFICATION  20. DATE OF DEATH Oc. 7. 3 1 19 45 and 15 5 m  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 45 to 19 45
7. Birth date of deceased (mo., day, yr.) March 11 1907  8. AGE: Years Months Days If less than one day  38 7 20	and that I last saw her—alive on /0/31 19 45.  Immediate cause of death OURATION SYRS.  Chronic Myocarditis and Syrs.  Due to Hypertensive Heart Disease 5 Mos.  Oue to 7 Mos.  Other conditions Pregnancy (7 Mos.) 7 Mos.  (Include pregnancy within 3 months of death)  Major findings: PHYSICIAN  Please underling the cause to with death should be charged statistically.
Cemetery or crematory. St. Mary!s Cometery  Location Fairfield, Penna.  18. Funeral director.  Address Emmitsburg, Maryland  19. Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide———————————————————————————————————



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MARYL	AND	STATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baltimore 940

10182

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County. Frederick City Frederick—Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Emergency Hospital How long in hospital or institution? 3 Days				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of no State Maryland Count City or the Frederick (If outside city or town limits, 5 lireet No. 104 East Four (If rural, give Infants) Non	write RURAL and give new rth Street	rest town)
3. (a) FULL NAM	JOSEPH	ROY B	URKE		3. (b) Social Security None	Number
4. 5ex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M	W		W	20. DATE DF DEATH October		at 9:15P m
	For wife Inez	6.(c)	If alive, give ageyears	21. I CERTIFY that death occurred on the date above	15, to Oct. 1	19.4.1
		Days		Immediate cause of death	,,,,	DURATION
8. AGE: Year		10.00	hrsmln.	aute Cornery Vh		
1D. Usual occupation	None	county, and si	aryland	Due to. Chatanop clean	H	
13. Birthplace		k Coun	ty Maryland 1 ty Maryland mberger	(Include pregnancy within 8 m	onths of death)	6ms.
15. Birthplace	Frederic	k Coun	ty Maryland			
			mberger ederick, Md.	PHYSICIAN: Please underline the cause to whi		
Buria (Burial, cremation	Mount	Date there	10/15/45 (month) (day) (year) t Cemetery	22. VIOLENCE: If dealh was due to external caus  Accident, suicide, or homicide	Date of	
	Frede			(City or town) Injured at home, farm, industry, public place (whe		
t8. Funeral director	MR		son and Son	Means of Injury	Injured at work?	
Address			Maryland	23. SIGNATURE A. C.	Teasre M. D. o	M. D.
(Date rec'd by r	egistrar)		Registrar	Address Frederick, Mar	y Land Date signed	10-12-45

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OCT 16 1945
BUREAU V.B.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

131 Reg. Diat. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick Runol	
Frederick-Rural (If outside city or town limits, write RURAL and give nearest	town) Frederick-Rural R. F. D. #3
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. Yellow Springs
Emergency Hospital	(If rural, give LOCATION)
How long in hospital or institution? 23 Days	2.(a) If veleran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
WOODROW EUGENE CANNO	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divor	MEDICAL CERTIFICATION
M W S	20. DATE OF DEATH October 12th, 19 45 at 1:30P
6,(b) Name of husband or wife	Santawaan la lataban la la
7. Sirth date of Sentember 15 1945	years and that I last saw h. im alive on October 12th, 19 45
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
0 0 27hrs.	min. Malnululun
9. Birthplace Frederick County Maryland	Due to
(Town, county, and state) Infant	
10. Usual occupation	Due to
11. Industry or business	
12. Name. Unknown Unknown  13. Birthplace Unknown	Dther conditions
₹ 13. 8irthplace Unknown	
14. Malden name. Margaret Cannon 15. Birthplace Frederick County Maryla: 16. Informant. Miss I. Virginia Lidie R.	(Include pregnancy within 8 months of death)
Frederick County Maryla	nd Major findings of operations
16. Informant Miss I. Virginia Lidie R.	N Date of op.
16. Informant MISS I. VII SIIII A MICIO II.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Emergency Hosp. Frederick,	Ma.
17. Burial (Burial, ocamation, or removal, Whitehin)  Date thereof 10/13/45 (month) (day)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, oremation, or removal. Which?) (month) (day)	
Cemelery or crematory Brookhill Cemetery	Where did injury occur? (City or town) (County) (State)
Location Yellow Springs, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. M. R. Etchison and So.	Meens of Injury Injured at work?
Address Frederick, Maryland	23. SIGNATURE H Leunence Falence M. D.
19.13 Oct 1945 Elizabeth & H	23. SIGNATURE D. or other
19. 3 Oct (Date rec'd by registrar)	Registrar Address Frederick, Maryland Date signed 10-13-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctinge is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

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/	Reg.	Dist.	No.	4	O	T

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Frederick			••••••	(For newborn infants give residence of mother)  Maryland  Frederick			
Cily or town (If ontside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	State Maryland County Frederick			
How long In above to	lace of death? 3	Years	and give stead town,	Cily or town Frederick (If outside city or town limits	write RURAL and give nea	rest town)	
Hospital, Institution	How long in above place of death?  Hospital, Institution, or street address where death occurred: Frederick City Hospital		Street No. 218 East Third Street				
Frederick City Hospital		AND THE PROGRAMMENTS					
How long in hospita	al or institution?		***************************************	2.(a) If veteran, name war Spanish	American W	ar	
3. (a) FULL NA	ME				3. (b) Social Security	Number	
	CAPT.		NE H. CHAMBERLA	IN	None		
4. Sex	5. Color or race	6.(a) Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
M .	W		M	20. DATE DF DEATH October 2	8th, 1945	10P	
R.(b) Name of Kushi	or wife Mary	Braur	m	21. I CERTIFY that death occurred on the date about	e staled; that I attended decea	ased from	
		e /	c) If allve, give age 73 years	October 22d,	45 October	28,9 45	
7. Birth dale of	. An mie	t 24,	1879	and that I last saw h im allve on Oct	ober 28th,	19 40	
deceased (mo., da	ears   Months	Days	If less than one day	Immediate cause of death		DURATION	
8. AGE: Y	73 2	4		Coronary occlusion		9 days	
		- alle	hrs. min.		***************************************		
9. Birthplace	across, W	13con	sin	Due to			
	Retired	A rmv	Officer				
10. Usual occupation	On the first	Λ ο	ioen Wen	Due to		••••	
11. industry or bust	ness Spanish	I Amer.	Ican war		***************************************		
里 12. Name	ervin W. C	hambe:	rlain	Other conditions		***************************************	
13. Birthplace				(Include pregnancy within 3 m			
14 Maiden na	Martha Leeds, M Irs. Mary	Hammon	nd				
0	Leeds. N	aine		Major findings of operations			
1 15. Birthplace	Irs. Mary	B Ch	omherloin	•	Dale of op	***************************************	
16. Informant	II. 3 . Mary	D. OIL	***************************************	Autopsy results			
Address 218	B E. 3rd S		rederick, Md.			etatisticany.	
17 Buris	lon, or removal. Which	Date there	eot 10/31/45	22. VIOLENCE: If death was due to external caus			
(Burial, ecomet	ion, or removal. Which			Accident, suicide, or homicide			
Cemetery or erem	st. Jo	MIIIS C	emerer.A	Where did injury occur?(City or town)	(County)	(State)	
Location	Freder	rick, l	Maryland	Injured at home, farm, industry, public place (wh	ere?)		
18. Funeral directo	M. R.	Etchi	son and Son	Means of injury	Injured at work?		
Address	Freder			181178	ulus.	M. D.	
Addiess	1-	00	A 11 A	23. SIGNATURE	nley, JA.D.	IVI D	
19. 3.0. U.C	J 19.45		is alite 4. Heck.	Frederick, Mary	land Date signed	0-29-45	
(Date rec'd by	registrari		Kegistrar	Address	Date signed		

NOV 1 1945 BUREAU V B.

2411	N.	Charles	St	Baltimore
2411	74.	CHaries	DL.,	Daitimor

# CERTIFICATE OF DEATH

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	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Diat. No. 3
1. PLACE OF DEATH: County The Alexander County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If ontside city or town limits, write RURAL and give nearest town)	State f. Bratheten for the state of the Country
How long In above place of death?  Nosatten Institution or street address where the the properties of the street address where the the street address where the street addr	(If outside city or town limits), write RURAL and give nearest town)  Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rosa May	Nomer 3. (b) Social Security Number
4. Sex 5. Color or race . 6.(a) Siaste, married, widowed, o divorced	MEDICAL CERTIFICATION
Temale White Massief	20. DATE OF DEATH. OCA 5 19.45,21/0.05
8.(b) Name of husband or wite? I harfler and Many Daniel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw hallye on
8. AGE: Years   Months   Days   If less than one day	Chivier in
9. Birthplace Istalia The Signal Do Mand	Due to.
10. Usual occupation	Due to.
11. Industry or business  12. Hame Delecter  13. Birthplace manchester Ind	Other conditions Unitellial Herria
M h. A. A.	(Include pregnancy within 3 months of death)
14. Malden name haldshilling with the land the start of the land the second of the land the land the second of the land the second of the land the la	Major findiogs of operations Allace of op. OV
16. Informant Thanks on M. D.	Actopsy results
Address  17. Date thereof (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, commation, or removal, Which2) (month) (day) (year)	Where did Injury occur?
Location Lidden Land	Injured at home, farm, Industry, public place (where?)
18. Funeral director. The District of the Alle On the	Maens of Injury Injured at work?
Address decreased that	23. SIGNATURE M. D. or other

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MAKILAND	SIAIL	DEPARTMENT	UF	HEALIH

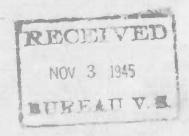
2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1()086

Reg. Dist. No. 131

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  Frederick  (If ontside city or town limits, write RURAL and give nearest town)  Street No. 332 East Third Street  (If rural, give LOCATION)  None
MARY ELLEN EADER	3. (b) Social Security Number None
F W S	MEDICAL CERTIFICATION  2D. DATE DF DEATH. October 31st, 1945 at 5 A
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19. 45
8. AGE: Years Months Days If less than one day 86 1 10	Due to.  Duration  Duratio
11. Industry or business  12. Name Manasa Eader  13. Birthplace Frederick County Maryland  14. Malden name Mary Lease  15. Birthplace Frederick County Maryland	Other conditions
15. Dirthplace Frederick County Maryland 16. Informant Mrs. Eleanor Gosnell Address 332 E. 3rd St., Frederick, Md.	Autopsy results
17 Burial  (Burial, cremation, or removal, Whiteh?)  Cemetery or gramatory  Company  Company	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director.  Address  Location  M. R. Etchison and Son  Address  Frederick, Maryland	tnjured at home, farm, Industry, public place (where?)  Meens of Injury  Injured at work?  23. SIGNATURE  M. D.
19. 1- Wor (Date rec'd by registrar)  19. 45- Elizabeth y Hech. Registrar	Address Frederick, Maryland Date signed 11-1-45



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The	
P	

2411 N. Charles St., Baltimore 53

## CERTIFICATE OF DEATH

701.87

Reg. Dist. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, water RUKAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 336 DI. OKarleet
Mrsella, Typelaly	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Pho 90 /	3. (b) Social Security Number
unch, n. Edward	10.
4. Sex 5. Color or rage . 6.(a) Single, married, wildowed, or diversed	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH. Q. 1 27 19 45 21 11 19 M
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Oct. 18 1945 10 Oct. 27 1945
7. Birth date of	and that I last early 18 alive on Och 27 19 41
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
hrsmin.	Cottle lime of they
9. Birthplace	Due & Case
(Toylin, county, and state)	
1D. Usual occupation	Due to Malaslasca (Cerebal)
11. Industry or business	
12. Name. J. J. 13. Birthpiate Urguer	Dither conditions.
Z 13. Birthplate	(Include pregnancy within 3 months of death)
14. Maiden name Colombia Wavis	Major findings of operations 2
15. Birthplace Dirgina	Date of op.
18, Informant Mrs. E. L. Shockey	Autopsy results. And
Address Martinsburg 21. Va. 19.2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 1 0 / m of an 1945	*22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Liseanury Cametary	Where did injury occur?
Location Barkley Springs, 21. Va	Injured et home, farm, industry, public place (where?)
10 2 00 - 126 stiles	Means of injury Injured at work?
18. Funeral director.	a a A ha
Address Woods boro Mal	23. SIGNATURE A. A. Cleare M.D.
1030-act 1045 Elizabeth & Hede	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed

MARTIANO STATE DEPARTMENT OF HOLDER

CENTRICATES OF DEALER



# 10088

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

How long in above place of death?	Yeal	?S	2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of m State Maryland Coun Frederick-Ru (If outside city or town limits, Near McKaig (If rural, give I 2.(a) If veteran, name war.	ral R. F. I write RURAL and give net	#1 irest town)
3. (a) FULL NAME				3. (b) Social Security	Number
		RGARET FINK	None		
4. Sex 5. Color or race	6.(a) Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
FW		W	2D. DATE DF DEATH. October	23rd, 1,45	1 5:30P
6.(b) Name of husband or Clayt  7. Birth date of deceased (mo., day, yr.) Octobe	6.(c	) If alive, give ageyears	21. I CEBTIFY that death occurred on the date above  19.4  and thet I last saw h	e stated; that I attended dece	ased from
8. AGE: Years Months	Days	If less than one day	Corcuration .	. / //	year +
65 0	7	hrsmin.		<u>)</u>	
	me omfor	tate)	Due to		
14. Malden name Mahala K			(Include pregnancy within 8 me		
16. Informant Arthur G. Address R. F. D. #1, Fre	Tober		Antopsy results	ch death should he charged	
Burial (Burial, cremation, or removel, Whiter) Cemetery or Tematery Mount O	Date there	of 10/26/45 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
Location Frederi			Injured at home, farm, Industry, public place (whe		
		on and Son	Means of Injury	Injured at work?	
Address Frederi	ck, M	•••••••••••••••••	23. SIGNATURE		M. D. or other

REGELATION OF THE RUNEAU V.S.

2411 N. Charles St., Baltimore 1700

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
l "rederick	State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town Frederick - Rural R. F. D. #4  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Frederick City Hospital	Street No. Near Frederick		
10 D	(If rural, give LOCATION)  2.(a) If veteran, name war		
now long in nospital or institution:	199		
3. (a) FULL NAME	3. (b) Social Security Number		
WILLIAM A. FLOYD	None		
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION		
M W M	20. DATE DF DEATH October 10, 19 45 at 11:30		
6.(b) Name of hysberd or wife Mattie E. Walker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
77	19		
7. Birth date of deceased (mo., day, yr.) May 15, 1866	and that I last saw h. (./) alive on		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION		
79 4 25min.	July 7 day		
Virginia	Sheep		
(Town, county, and state)	Due to		
1D. Usual occupation Merchant	and opendust		
11. Industry or business Own Store	Due to		
E 12. Name Unknown	Other conditions		
12. Name Unknown Unknown Unknown			
	(Include pregnancy within 3 months of death)		
14. Malden name. Unknown Unknown Unknown	Major findings of operations		
	Date of op.		
18. Informant Mrs. Mattie W. Floyd	Autopsy results		
Address Frederick, Md. R. F. D. #4	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereot 10/13/45 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or erester, Washington National Cemeter	Where did injury occur? (City of town) (County) (State)		
Location Suitland Rd. Prince George Co.	Minused at home, farm, Industry, public place (where?)		
18. Funeral director M. R. Etchison and Son	Means of Injury dute injured at work?		
Address Frederick, Maryland	R. W Bar Eix.		
19 12 Oct 1945 Elizabeth & Heck	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)  Registrar	Address Frederick, Maryland Oate signed 10-12-4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

OCT 16 1945
BUREAU V.F.

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

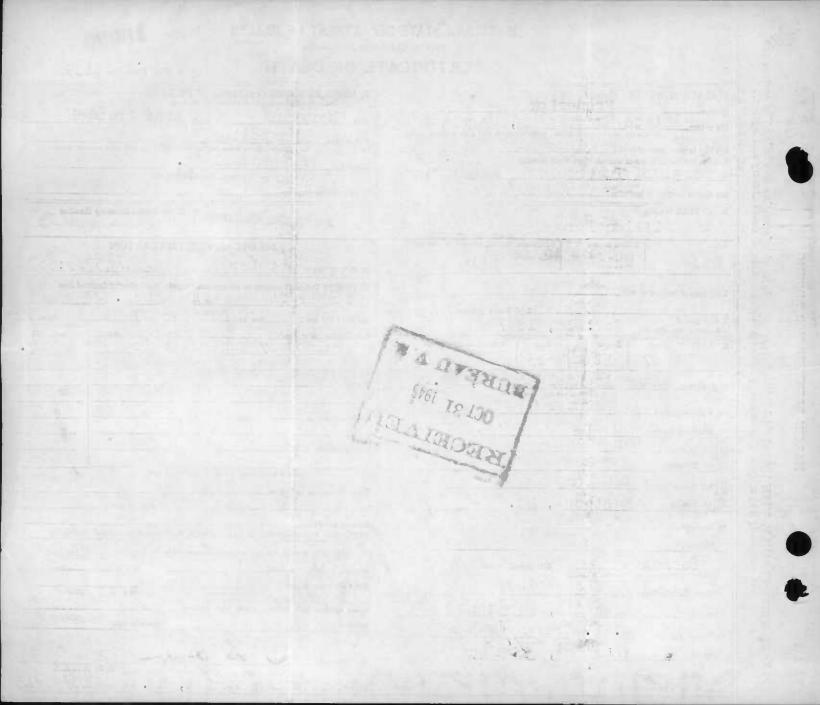
2411 N. Charles St., Baltimore

10090

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:  County Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County State Sanatonium Mamaland			State Mary land County Anne Arund	el
City or town State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since 10/24/45			Annanolis	
How long in above pla	ice of death? Sil	nce 10/24/45	City or town Annapolis (If outside city or town limits, write RURAL and give nes	rest town)
Hospital, Institution.	or street address where	death occurred:	Street No. 42 Randall St.	
		culosis Sama torium	(If rural, give LOCATION)	V
How long in hospital	or Institution?S.1.1	nce 10/24/45	2.(a) If veteran, name war	
3. (a) FULL NA!	ME		3. (b) Social Security	Number
Wi	Illiam For	rd		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Single	2D. DATE DF DEATH October 29 19 45	3:55P
0 (1) No (1)			21. I CERTIFY that death occurred on the date above stated; that I attended dece	
		/12 vs. 20. 25.25.25.25.25.25.25.25.25.25.25.25.25.2	October 24 19 45 to Oct. 29	19.45
7. Birth dale of	Moss		and that I last saw h im alive on October 29	
deceased (mo., day	11.3.07		Immediate cause of death	DURATION
OI ILGII.	Months	Days   If less than one day   13  min.	Pulmonary Tuberculosis	2 Mos.
9. Birthplace Anne Arundel County, Md.			Due to.	***************************************
(Town, county, and state)			Sub to	***************************************
10. Usual occupation Painter			B. J.	
11. Industry or business			Due 10	
			Other conditions	***************************************
E 12. Name Ben Ford  13. Birthplace ?				••••••
El 13. Birtiipiace	. Ida For	. A	(Include pregnancy within 3 months of death)	
14. Maiden nam 15. Birthplace			Major findings of operations	
≥ 15. Birthplace	Eastpo:	rt, Md.	Date of op.	
16. Informant	Decease	ed	Autopsy results	
TU: HTU(HIGHT			PHYSICIAN: Please underline the cause to which death should be charged	
Address			22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)		Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemeter Eluff			Where did injury occur?(City or town) (County)	
cemeter Matricontactura				
Location Annapolis, Maryland			Injured at home, farm, Industry, public place (where?)	
16. Funeral director.	M. L.	Creager & Son	Means of Injury Injured at work?	
Address		nt. Mary And	J. 10 · 1	
Mal		12117/50	23. SIGNATURE M. D.	X SthXrX
19. Det 29 19 45 STORE			State Sanatorium Md	10/30/1.5



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MA	RYLAND	STATE	DEPARTMENT	OF	HEALTH
m	KILMIU	DIALL	DELAKTMENT		DECAL ID

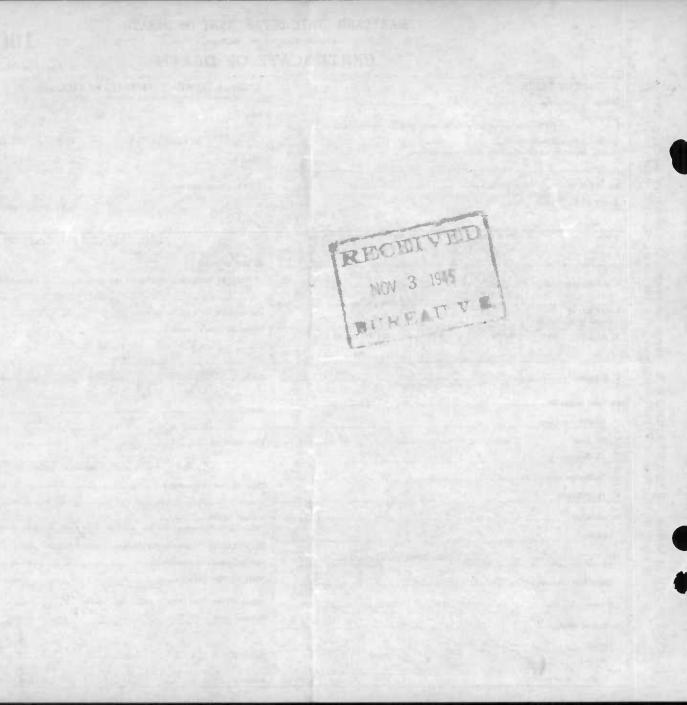
2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

10091
Reg. Dist. No. 140

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give realdence of mother)	
City or fown. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Frederich	0 0 0 0 0
How long in above place of death?	City or town. Case agerstown	e)
Hospital, institution, or street address where death occurred:	(if outside city on town limits, write RURAL and give nearest town)	/
	Streel No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		1000
Littleton Clarence F	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
My Warred	DCX 29 45 100	0
2-0-1-26	20, DATE OF DEATH. 0 2 19 45, at 10 0	PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of		
1. Birth date of deceased (mo., day, yr.) A. 2. 1869	and that I last saw h	1
8. AGE: Years   MoiMhs   Days   It less than one day	Immediate cause of death	N.
76 2 27hrs. min.	Coloran Callina 23 Mi	AL
Frederick En 24d		*******
9. Birthplace (Toys; county, and state)	Due to.	20
10. Usual occupation School Jeacher		
11. Industry or business	Due to	******
		*******
12. Name French Fof	Dther conditions	*******
13. Birthplace	(include pregnancy within 8 months of death)	
14. Maiden name Catharus damer		
14. Malden name. Catharine Dames  15. Birthplace  14. Malden name. Catharine	Major findings of operations.	
24 10 017 24000	Date of op.	
18. Informant	Autopsy results	
Address focky ffinge,	22. VIOLENCE: tf death was due to external causes, till in the tollowing;	
17 Divise Bate thereof Oct. 31, 1945		
(Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	******
Cemetery or crematory Communication Communic	Where did injury occur?	
Location Energeration, 29d	Injured at home, farm, Industry, public place (phores)	
18. Funeral director Burle & Hartyler	Means of Injury Adaptived activork?	
Address Alvodsboro 24d	P. BUCHER	
01 - 609 10	23. SIGNATURE M. D. or other	****
10e1.3/ 1945 I Court	1) - 18010- 15 0 . 0 . 3.	v
(Date rec'd by registrar) Registrar	Address Rose Signed Co. Signed Co	



VS ALE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-2)

# CERTIFICATE OF DEATH

10092

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
City or town limits, write RURAL and give nearest town)	State State County Frederick		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 8 10 Troith market		
How long in hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war		
Olier Ecker Graham	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Shala, married, widowed, or divorced	MEDICAL CERTIFICATION		
7 W Widowed	2D. DATE OF DEATH. Q & 19. 45 at 3. 40 Am		
B.(b) Name of husband of the Charles E. Erskans	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	9 19 4 5, 10 All 19 19 95		
7. Birth date of decesed (mo., day, yr.) Sall-8 - 1859	and that I last saw here alive on SCA 15 19.		
8. AGE: Years Mooths Days If less than one day	Immediate cause of death Duranton DURATION		
86 / //min.	en live		
9. Birihpiace	Due to		
1D. Usual occupation			
11. Industry or Eusiness	Due to		
	Diher conditions Francticus humanitus		
12. Name Arason Eafers 13. Birthplace	Austra : Desidental Falls auton (Include pregnancy fithin 8 months of death)		
14. Maiden name Ralecca (anders) Ecker	(Include pregnancy Within 3 months of death)		
14. Maiden name Ralescoa Cursters Ecker	Major findings of operations		
16. Interment Press Bella & ators	Date of op.		
	Autopsy results		
Address 810 n markel- st Frederick	22. VIOLENCE: It death was due to external causes, fill in the following:		
(Burial, cremetion, or removal, Which!)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide Occident. Date of October 1st 1945.		
Cemetery or cremetery 25th Hafal	Where did injury occur? Fraderick Fraderick, Maryland. (City or town) (County) (Stafe)		
Location Woodstor & 2001	Injured at home, farm, industry, public place (where?)		
18. Funeral director Willhids & Caragas	Means of Injury Occidental fall. Injured at work?		
Address (Sammanh)	to day		
19. 20 Oct Elizabeth & Hech	23. SIGNATURE M. D. or other		

RECUESTO OCT 23 1915 BUREAU V S MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ore (122-5)

10093

#### CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick					2. USUAL RESID	ENCE (HOME) 0 infants give residence of	mother)	
					State Maryland County Frederick			k
City or town?	City or loan Frederick (If outside city or town limits, write RURAL and give nearest town)			Fre	adeniala			
	w long in above place of death?			(17.0)	ontside city or town limit:	s, write RURAL and give	nearest town)	
		eet address where			Street No. 358	Madison S	treet	
L L.e.	reirc	K OTCA	TOSOT	tal		(if rural, give	LOCATION)	
How long in h	ospital or Ins	titution?	TO Day	8	2.(a) If veteran, name war			
3. (a) FUL	LNAME						3. (b) Social Securi	ty Number
		FLORE	NCE EL	IZABETH GRASEI	?		None	
4. Sex	5.	Color or race	6.(a)6iasi	married, widowed, or divorced		MEDICAL CI	ERTIFICATION	
F		M		M	20 DATE DE BEATU	October	17th. 145	.7.30P
		- Wil	liam S	. Graser			ove stated; that I attended do	
							1.5 to Selection	
7. Birth date o	 f		6. (4	e) If alive, give age 28			V/1)	
deceased (n		Janua	ry 14,	1920	1		A. F.	
8. AGE:	Years	Months	Days	If less than one day		/ / A	bsticti	-
	25	9	3	hrsmin	mu	terry	and the state of t	
0 Riethniaca	Frede	rick-F	rederi	ck-Maryland	Due to	***************************************	***************************************	LWR
o. Birinpiaco.		(Town	, county, and s	tate)	. Due to	••••••		
1D. Usual occ	upation	House	-wlie	***************************************	Due to			*****
11. Industry o	business				Due (0	••••••	***************************************	
当 12 Name	Ira	W. St	ottlem	yer	Other conditions		*******************************	*****
				ty Maryland			***************************************	****
					(luclu	ude pregnancy within 3 r	months of death)	
王 14. Maide	n name	1110 00		ty Maryland	Major findings of oper	rations of hu	dun	
≥ 15. Birthp	lace F'T	ederic	k Coun	ity Maryland			Date of op	
16. informant.	Mrs.	Luthe	r Bell		Autopsy results			***************************************
Address 7	29 Tr	ail Av	e., Fr	ederick, Md.	PHYSICIAN: Please u	underline the cause to wh	hich death should be charge	ed statistically.
Ru	nial			10/20/45	22. VIOLENCE: If dea	ath was due to external cau	ses, fill in the following;	
(Burial, er	emation, or	emoval, Which	17	(month) (day) (year)	Accident, suicide, or ho	omlcide	Date of	
Cemetery or	eremetery	Mount	Olivet	Cemetery	Where did injury occur	?	(County)	(Stata)
		Freder	ick. M	laryland	The state of the s		(County)	
				on and Son	Means of injury	A Paris Press (4)	Injured at work?	
1B. Funeral d	1 CP (01		***********************			C Mb		
Address		rreder	ick, M	laryland	-	E SPA	mi	M. D.
190	ct	61 1.0	. Ch	· D. At 4 Holl	23. SIGNATURE		Mus. I	), or other
(Date rec	d by registr	19 K 5		Registra	Address Frede	erick, Mar	yland Date signe	10-18-45

RECEIVED OCI 22 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 33-7

I A HOULE DESIDENCE (FECT ATT) OF PEOPLE

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn Infants give residence of mother)
County Tudench	2- / - /
(If outside city or town limits, write RURAL and give nearest town)	State Mot. County tredered
	man Hewallindson Burse
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
trederich Gry Hospital	(If fural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4 1 94	
Service of	runes MM
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
7 21. married	20. DATE OF DEATH. OT N 19.45, at 19.45
211' O. O. I legione	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or middle and the state of hu	2 19 4 S
6.(c) If allve, give age	/-
7. Birth date of	and thet I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
6/2/7nin.	· A
I desir & Ba Wel	1 21 . 22
9. Birthplace (Town, county, and state)	Due to him of the
10. Usual occupation	a a gu
Tu. Usual occupation.	Due to.
11. Industry or business	
12. Name Qualrew & Susworth	Other conditions
13. Birthplace Frederica Go. 24d.	
	(Include pregnancy within 3 months of death)
14. Malden name Catharia & Fogle 15. Birthplace Frederick Go. 200	
15. Birtholace, Frederick Ga. 2000	Major findings of operations.
21 13. Britishate 12. 0. 0 9. 4	Date of op.
16. Informant you de la State	Autopsy results
Address Fronte 2 / New Olhindson 20	PMYSICIAN: Please underline the cause to which death should be charged statistically.
D + ac inus	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, commetion, of removal, Which?)  Date thereof	Accident, suicide, or homicide
10 26 08	
Cemetery or crematury	Where did injury occur?
Location Woodsboro Md.	Injured at home, farm, Industry, public place (where?)
6 00 -11 Te	Meens of Injury Injured at work?
18. Funeral director.	001-0
Address Woods boro Zyd.	41121 2018/
CD. A land	23. SIGNATURE
19 25 Cet 19 Ms - Charlette J. Hecle.	Z3. SIUNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed

RECEIVED

OCT 27 1945

BUREAU V. 8.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(/02)

10095

### CERTIFICATE OF DEATH

Reg. Diet. No. 131

1. PLACE OF DEATH:  Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
	State Maryland county Frederick	
City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? Life time	City or town [17 ontside city or town limits, write RURAL and give nearest town]	
Hospital, Institution, or street address where death occurred: 53 Winchester Street	Street No. 53 Winchester Street	
55 Winchester Street	(12 roral, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war. None	
3. (a) FULL NAME	3. (b) Social Security Number	
JOSEPH HENRY HANE	None	
4. Ses   5. Color or race   6.(a)Single, married, widewed, or divorced	MEDICAL CERTIFICATION	
3607 - 300 - 1		
Male White Single	20. DATE OF DEATH Oct. 12th. 1945 at H	
8,(δ) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	On 10-12 1945 to (1 visit 19)	
7. Sirth date of	and that I last saw h. Assect alive on 9-12-13-19-	
deceased (mo., day, yr.)  8. AGE: Years   Mooths   Days   If less than one day	Immediate came of death	
0 9 15hrsmin.	outules Sommen 2 days	
9. Birthplace Frederick County Maryland	Due to.	
(Town, county, and etate)	acut Bronefite	
10. Usual occupation. Infant	Due to	
11. Industry or business		
Thomas Hane  12. Neme. Thomas Hane  13. Birtholace Frederick County Md.	Other conditions.	
13. Birthplace Frederick County Md.		
14. Malden name Pauline Keeney 15. Birthplace Frederick County, Md.	(Iucinde pregnency within 3 mouths of death)	
14. Maiden name.	Major findings of operations.	
	Date of op	
16. Informant Thomas Hane	Antopsy results	
Address Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be cherged statistically.	
	22. VIOLENCE: If death was due to esternal causes, fill in the following;	
Burial Date thereof Oct. 15-1945 (Burlal, orematics, or research, Whichi) (month) (day) (year)	Accident, suicide, or homicide	
Cometery or Mount Olivet Cemetery	Where did injury occur?	
Locetion Frederick, Md.	Injured et home, farm, industry, public place (where?)	
C.F. Cline and Son	Means of Injury Injured at work?	
10. Funeral director		
Address Frederick, Md.	23. SIGNATURE A.G. Bourne, J. M. D. nr other	
10 8 AT P. 1- SP. D. AA L. 11 . 0	23. SIGNATURE M. D. nr other	
19. 13. October 19.45 - Evaletty Heck	Address Julies T me Bata signed 10-13-43	

RICHEVED OCT 16 1945 -

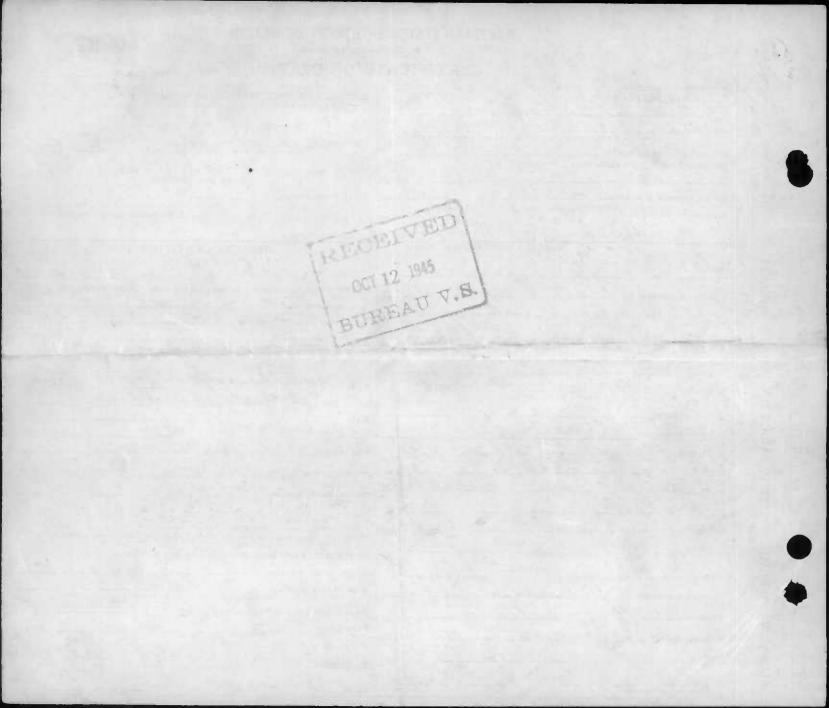
7 V.S.

2411 N. Charles St., Baltimore (57-2)

### CERTIFICATE OF DEATH

10097

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Est newborn infants give residence of mother)
County	State Musy and county Indesicle
City or town limits, write RURAL and give nearest town)	Brust - Meserville
How long in above place of death?	(if outside city or town limits, wpite RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No. Church July
3 1/	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Welly Caleb Har	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or disorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 4 9 1945 at 2 A.M
6.(b) Name of buoband or wife Mary & Houver)	21. I CERTIFY, that death occurred on the date above stated; that Lattended deceased from
	Sept 4 1345 10 COT 9 13 43
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
6. AGE.	Myoradial Forther 3 Kys
9. Birthplace M. My crand Indaule My	Due to.
10. Usual occupation. Taxmer	
11. Industry or business Own Fam	Jumer at Branche 3 ms
	Other conditions Not known to bother Genigar m. malig-
12. Name & aniel C. Hardinan 13. Birthplace Maryland 1	.0 0
m no al.	(Include pregnancy within 3 months of death)
14. Maiden name 2 1 2 1 - 0	Major findings of operations
15. Birthplace maryland	Date of op
16. Informant IND INDIAN C. VICE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Myerballe Ms	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof (month) (day) (year)	Accident, suicide, or homicide
(12 - 12/01)	
Cemetery or orematically the Comment C	Whera did injury occur? (City or town) (County) (State)
Location M. f. f. M. M. S.	Injured at home, farm, industry, public place (where?)
18. Funeral director Thomas Dutte V Son	Msans of Injury Injured at work?
Address Mueranlle Md.	( & Telost Brice
10 Out / Cu - Sp. Dato lett 1	23. SIGNATURE M. D. or other
19. 10 Classification 19.45 Challelle J. Heck	liden television 101914



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Tuderic	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Short Braddock Stenty 45
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Starge below trepant Har	esler none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male well dugle	20. DATE DE DEATH OCT 10 1944 at 8: 75 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	gct 9 18 45 10 at 10 18 3
7. Birth date of Sirth date of	and that I last saw h. Dailve on Oct 10 . 19 49
deceased (mo., day, yr.)  R AGE: Years   Months   Days   If less than one day	Immediate cause of death
0. 7.00.	Premature & /2
	Cranacure n-
9. Birthplace (Toyn, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	-
12. Name Pausles 13. Birthplace Old Braddock 200	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Many Nonwood  15. Birtholace Full airy Jud	Major findings of operations
\$ 15. Birthotace het dery, red	Date of up.
18, Informant Custim Harrely	Antopsy results
Address Old Braddock)	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
17 Beerial Date thereof Get 12, 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(month) (day) (year)	Accident, Suicide, Or nomicide
Cemetery or marting Me Ja Olemes	Where did injury occur?
location Tredeens, and	Injured at home, farm, industry, public place (where?)
Han 18 Coul Con	Means of Injury Injured at work?
18. Funeral director.	710 70 -0
Address Magnety and	23. SIGNATURE & Square taking me
19. 12-Qct 19 45 Elizabeth & Heck.	7 1 2 mgl M. or other
(Date rec'd by registrar) Registrar	Address Date signed

INTERNIT SO THERETO A BIG STATE OF A PERSON

CHECKET AND ADDRESS HERE

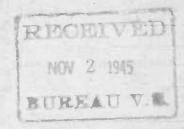
Control House Security of Carlot Harry Man

BUREAU V.F.

2411 N. Charles St., Baltimore 19

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
			. Maryland	State Maryland County Baltimore		
City or town State Sana torium, Maryland (If ontside city or town limits, write RURAL and give nearest town)						
			24/45	City or town		1
Marvlan	r street address where of	death occurred	Sanatorium	Street No. 214 Patapsco		
, , , , , , , , , , , , , , , , , , ,	r Institution? Sin	ce 10	1/21/15	(If rural, give I		V
			7.27.7.	2.(a) tf veteran, name war		
3. (a) FULL NAM					3. (b) Social Security	Number
	me Hurley				None	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	р
Male	White	Si	.ngle	20. DATE OF DEATH October 30	19. 4.5	10:45R
O (1) Name of bushead	an wife			21. I CERTIFY that death occurred on the date above		
				October 24	45 to Oct. 30	19.4.5
7. Birth date of			e) If alive, give ageyears	and thet t last saw h. im alive on Oct.		
deceased (mo., day.)			1910	Immediate cause of death		
8. AGE: Years		Days	tf less than one day	Pulmonary Tubercu	losis	l Yr.
			min.		***************************************	
9. Birthplace	Sparrows (Town,	Point	Md.	Due to	******************************	* *************************************
10. Usual occupation						**
11. Industry or busines				Due to		1
		Hurle	У		***************************************	•••
			unty, Md.	Other conditions		• • • • • • • • • • • • • • • • • • • •
				(Include pregnancy within 3 me	onths of death)	
HE 14. Maiden name.	THILL IN IN		·	Major findings of operations	*******************	
					Date of op	
16. Informanl J	ohn W. Hu	rley	(Father)	Antopsy results		
Address 214	Patapsco	Ave.	, Dundalk, Md.	PHYSICIAN: Please underline the cause to which	ch death should be charged	statistically.
17 Bur	wh	Onto those	Nov.3 1945	22. VIOLENCE: tf death was due to externat cause		
	, or removal. Which?)		(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremate	German Hill	-road	Sacred Heart Cem	Where did injury occur?(City or town)	(County)	(State)
Location	Baltimore	Md.	Dundalk	injured at home, farm, industry, public place (whe	ere?)	
18. Funeral director	M. L. C	reage	r & Son Lilly & Ze	Meane of Injury	tnjured at work?	
Address	Thurmon	t, Ma	ry land	Y B. J.	2-00	
10111	1		rallh.	23. SIGNATURE	<b>M</b> . D.	ok dipark
Date rec'd by re	YJ 19		Registrar	State Sanatoriu	am . Md . note stoned	10/31/45



2411 N. Charles St., Baltimore



#### CERTIFICATE OF DEATH

Rog. Dist. No. 1832

1. PLACE OF DEATH: Trelimik	2. USUAL RESIDENCE (HOME) OF DECEASED:		
200 - 111 - 121 - 1	State		
(If outside city or town limits, write RURAL and give hearest town)	m. H		
How long in above place of death? 25 years	(If outside city or town limits, write EURAL and give nearest town)		
Rospital, Institution, or street address where death occurred:	Street No.		
Bow long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME			
My 60 1 180 10 ) (Ca	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	Day Name		
	MEDICAL CERTIFICATION		
Temale negro Married	20. DATE OF BEATH OCT 5 1945, 91 5 - 17 M		
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that lattended deceased from		
7. Birth date of 20 years	X10 pt Z 19.45, 10 (CT 5 19.75)		
7. Birth date of deceased (mo., day, yr.) Nov. 11. 1873	and that I last saw h. Q. L. allve on		
8. AGE: Years Mooths Days If less than one day	Inthediate cause of death		
71 10 2Fmin.	The state of the s		
9. Biribpiece Mid alotarin Fruling County Mo	Due to Alaraemua 48 ms		
10. Usual occupation Promewile?			
11. Industry or business	Due to		
	Other condillors.		
12. Name			
E 14. Malden name QMMW (Variation)	(Include pregnancy within 3 months of death)		
15. Birthplace Modeltttww Md	Major findings of operations		
M a6 / Ba   ( ) a   (	Date of op		
16. Informant	Autopsy results		
Address Mighaltaeva Md.	22, VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Bate thereof. Oct 8 19 45  (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Asiamul Centerus	Where did injury occur? (County) (County) (State)		
middlettern) male	Injured at home, farm, industry, public place (where?)		
Location	Means of Injury Injury Injury Injured at work?		
18. Funeral director.	Injured at north		
Address Mid alotown, Mal.	as MANAGE & SAME & MILL		
10 Oct 8 45 mais Glashill	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address Date signer D - 4-1		

OCT 13 1945 BORFALL V. 

VS A15

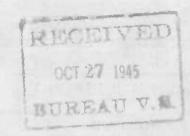
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13640

## CERTIFICATE OF DEATH

546	in a "		737
20 25	Reg. Dist.	No.	エベエ

How long in above p Hospital, institution Freder	derick	death occurred Hospit	:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland Frederic  City or some Frederick  (If outside city or town limits, write RURAL and give residence of mother)  (If rural, give LOCATION)  2.(a) If veteran, name war.	
3. (a) FULL NA		R JOSE	PH JORDEN	3. (b) Social Securit 214-10-2	
4. Sex	5. Color or race		married, widowed, or diversed	MEDICAL CERTIFICATION	
M	C		W	20. DATE OF DEATH. October 24th, 19 45	5 1:50P m
6.(b) Name of huab	Ruth Ruth			21. I CERTIFY that death occurred on the date above stated; that I attended de	ceased from
7. Birth date oi deceased (mo., d	TInkno		:) It alive, give ageyears	THE THEFT HAVE SEN IN.	19.4.S.
	fears   Months	Days	If less than one day	Immediate canse of death	GUNATION
	- Commence		hrs min.	Urevia	6 weeks
	West Virg		tate)	Due to Pyonephutus	6 wulse
1D. Usual occupation	Labore	r	***************************************	Due to Rophin of Mathia o.	***************************************
11. Industry or bus	iness Shank &	Etzle	r Lime Co.	Cashavarate of Urme	aug. 10
置 12. Name	John W. J West V	orden		Other conditions. Westernes (multiple)	
		irgini	.a.	21.2-0	
14. Maiden na 15. Birthplace	Cathari West V	ne Per	dleton	Major findings of operation Perusal about & 14	licerath
				of wave (1) Prostate to Date of op.	
16. Intermant	Irs. Fanni	***************************************		Antopsy results	ed etatistically
Address 31	3 E. Chur	ch St.	,Frederick,Md.		
Burial, cremat	tion, or removal. Which	Date there	(month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide	Jug. 9
Cemetery or ores			emetery	Where did injury occur? (City or town) (County)	
Location		· · · · · · · · · · · · · · · · · · ·	Maryland	Injured at home, farm, industry, public place (where?)	melal
1B. Funeral directo	M. R.	Etchi	son and Son	Meens of Injury Cothata Dainjured at work?	he
Address		rick,	Maryland	The state of the s	ARD D.
19. 26 - Q	19 15 5	- 60	indutto y Helas	23. SIGHATURE M. I.  Address Frederick, Maryland Date signer	10-25-45



VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 930

# CERTIFICATE OF DEATH

10101 Reg. Diat. No. ....

County Frederick  (If cutside sty or town limits, write RURAL and give nearest town)  (We long in above piace of death):  (If cutside sty or town limits, write RURAL and give nearest town)  (Roy long in above piace of death):  (If cutside sty or town limits, write RURAL and give nearest town)  (If you have a county in institution, or street address where death occurred:  (If cutside sty or town limits, write RURAL and give nearest town)  (If you have a county in the RURAL and give nearest town)  (If you hav	1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Note	VVIII 7			***************************************				
Street No.   Str	City or (If outside city or town limits, write RURAL and give nearest town)		URAL and give nearest town)					
Street No.   (If roats   Color of Institution?   Laweek   (If roats   Greet No.   (If roats   Greet					(If outside city or town limits, write RURAL and give neares	t town)		
3. (a) FULL NAME  CHARLES BRADLEY LUHN  CHARLES BRADLEY LUHN  3. (b) Social Security Number  211-10-3378  Male White Married  B. (c) Simple married, videwed, or directed with the married widewed, or directed with the married widewed or wife. Helen Smith Luhn  B. (c) Halle, give age 100 years and that I last above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 2. 10 CERTIFY that death occurred on the date above stated; that I attended the case above stated; that I attended the case above stated; that I attended that I attended the case above stated; that I attended the case abo					Street No. 12 Hamilton Avenue	****************		
3. (a) FULL NAME  CHARLES BRADLEY LUHN  4. Set  S. Color or race  Male  White  Married  6. (a) Single-married, widewed, or divorced  Male  Mitte  Married  20. Date of Death  Coto bar 25  19. 15. 11. Death  21. I CERTIFY that death occurred on the date above stated; that I stended deceased from  21. I CERTIFY that death occurred on the date above stated; that I stended deceased from  21. I CERTIFY that death occurred on the date above stated; that I stended deceased from  22. I CERTIFY that death occurred on the date above stated; that I stended deceased from  23. AGE:  Years  Months  Days  Hiess than one day  ATENN. County, and states  To. Usual occupation.  Painter and Paper Hanger  10. Usual occupation.  Painter and Paper Hanger  11. Industry or business  12. Hame.  McLain Luhn  Due to.  Other conditions.  Due to.  Other conditions.  Die to.  Major findings of operations.  Major findings of operations.  Address  Frederick, Maryland  22. Volunce It death was due to external causes. Ill in the following:								
CHARLES BRADLEY LUHN  4. Set  5. Color or race  6. (c) Simples married, widewed, or divorced  Male  White  Married  8. (c) Name of Divorced or wife. Halen Smith Luhn  8. (c) Name of Divorced or wife. Halen Smith Luhn  5. (c) If alive, give age 40 years deceased (mon. day, yr.)  January 19, 1904  8. AGE: Years Months  19 6 hrs. min.  9. Birthplace. Montgomery County, Manyland (Town, county, and state)  10. Usual occupation. Painter and Paper Hanger  11. Industry or business  12. Name. McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Maiden name. Elsie Carlisle  15. Birthplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  17. Waryland  18. Informant Mrs. Charles Luhn  PHYSICIAN: Please underline the cause to which death should be charged statistically.  20. Date Death McDical CERTIFICATION  20. Date De Death October 25 19,45 at 11 p.o. M  21. I CERTIFY that death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  21. I CERTIFY that death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  21. I CERTIFY that death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  21. I CERTIFY that death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  21. I CERTIFY that death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  22. I CERTIFY that death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  23. I CERTIFY that death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  24. I CERTIFY that death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  25. Birthplace that I stinned deceased from 18,25 at 11 p.o. M  26. Birthplace that I stinned deceased from 18,25 at 11 p.o. M  27. WINGER the death occurred on the date above stated; that I stinned deceased from 18,25 at 11 p.o. M  28. Birthplace that I stinned deceased from 18,25			.I. Week	S	2.(a) If veteran, name war			
Section of race   Section of	3. (a) FULL NAME				3. (b) Social Security Nu	mber		
Male White Married  8.60 Name of Debated or wife Halen Smith Luhn  7. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Days Hiess than one day deceased (mo. day, yr.)  9. Birthplace. Montgomery County Maryland (Town, county, and state)  10. Usual occupation. Painter and Paper Hanger  11. Industry or business  12. Name McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Malden name. Elsie Carlisle  15. Birthplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  Address Frederick, Maryland  Address Frederick, Maryland  20. DATE DF DEATH. October 25 19/15 at 11 p.e. M  20. DATE DF DEATH. October 25 19/15 at 11 p.e. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  23. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  24. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  26. Law Maryland 19 p.e. M  27. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  26. Law Maryland 19 p.e. M  27. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 p.e. M  27. I			-		214-10-3378			
8. (6) Name of Duebend or wife. Halan Smith Luhn  6. (c) If silve, give age 40 years deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days Hiles than one day 41 9 6 hrs. min.  9. Birthplace. Montgomery County, Manyland (Town, county, and state)  10. Usual occupation. Painter and Paper Hanger  11. Industry or business  12. Name. McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Maiden name Elsie Carlisle  15. Birthplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. Z. I in the state of the same of death in the state of dea	4. Sex	5. Color or race	6.(a)Single	married, wi <del>dowed, or divorced</del>	MEDICAL CERTIFICATION			
5.(c) If alive, give age 40  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days Hiess than one day  41 9 6 hrs. min.  9. Birthplace Montgomery County, Maryland (Town, county, and state)  10. Usual occupation. Painter and Paper Hanger  11. Industry or business  12. Name McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Maiden name. Elsie Carlisle  15. Birthplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  27. VIOIENCE, It death was due to external causes. Ill in the following:	Male	White	Man	rried	20. DATE DF DEATH October 25 1945 at	11 p. M		
7. Birth date of deceased (mo., day, yr.)  S. AGE: Years   Months   Days   Hiess than one day   Hiess than one day	B.(b) Name of Trockend	wife Hele	n Smitl	n Luhn				
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days Hiess than one day  41 9 6 hrs. min.  9. Birthplace Montgomery County, Maryland (Town, county, and state)  10. Usual occupation. Painter and Paper Hanger  11. Industry or business  12. Hame McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Maiden name Elsie Carlisle  15. Birthplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  27. VIOIENCE: It death was due to aviernel causes. Mill in the following:				1.0	July 9 19.3 9, 10 Oct 2	T 19.4		
8. AGE: Years Months Days Hiles than one day  Lil 9 6 hrs. min.  9. Birthplace Montgomery County, Maryland (Town, county, and state)  10. Usual occupation Painter and Paper Hanger  11. Industry or business  12. Name McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Maiden name Elsie Carlisle  15. Birthplace Hyattstown, Maryland  Mayor findings of operations.  Mayor findings of operations.  Mayor results  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes. fill in the following:	7. Birth date of				and that I last daw h _ alive on	19. 50		
9. Birihplace Montgomery County, Maryland (Town. county, and state)  10. Usual occupation Painter and Paper Hanger  11. Industry or business  12. Name McLain Luhn  13. Birihplace Hyattstown, Maryland  14. Maiden name Elsie Carlisle  15. Birihplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  Due to Rhand Manyland  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations  Major findings of operations  Autopsy results  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.					Immediate cause of death			
9. Birthplace Montgomery County Maryland  10. Usual occupation Painter and Paper Hanger  11. Industry or business  12. Name McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Maiden name Elsie Carlisle  15. Birthplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  Due to Rhasumanics Value (Malles Value) (Malle					Uremia (Terminal)	7 dey		
Town, county, and state?  Painter and Paper Hanger  10. Usual occupation. Painter and Paper Hanger  11. Industry or business  E 12. Name. McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Malden name. Elsie Carlisle  15. Birthplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  Autopsy results.  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: It death was due to external causes. fill in the following:						••••••		
10. Usual occupation. Painter and Paper Hanger  11. Industry or business  12. Name. McLain Luhn  13. Birthplace Hyattstown, Maryland  14. Maiden name. Elsie Carlisle  15. Birthplace Hyattstown, Maryland  16. Informant Mrs. Charles Luhn  Address Frederick, Maryland  17. Name. McLain Luhn  (Include pregnancy within 3 months of death)  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.	9. Birthplace Montgomery County Maryland (Town county and state)			ty Maryland				
11. Industry or business    12. Name					au & 19 43 Care at 8 15 - 25 -			
12. Name					Due to	f		
14. Maiden name Elsie Carlisle   Major findings of operations.   Major findings of operations.			nn					
14. Maiden name Elsie Carlisle  15. Birthplace Hyattstown, Maryland  18. Informant Mrs. Charles Luhn  Address Frederick, Maryland  (Include pregnancy within 3 months of death)  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: It does to was due to external causes, fill in the following:	12. Name MCLAIN LUNN				Other conditions			
18. Informant Mrs. Charles Luhn  Autopsy results.  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:					(Include pregnancy within 8 months of death)			
18. Informant Mrs. Charles Luhn Autopsy results.  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: It does to was due to external causes. fill in the following:	# 14. Maiden name #1sie Carlisle				Major findings of operations			
Address Frederick, Maryland PHYSICIAN: Please underline the cause to which death shoold be charged statistically.	15. Birthplace Hyattstown, Maryland			yland		****************		
Address Frederick, Maryland 22 VIOI FNCE. If dooth was due to external causes, fill in the following:	18. Informant Mrs. Charles Luhn			n				
22 VIOLENCE- If death was due to external causes, fill in the following:	Address Frederick, Maryland			Land	PHYSICIAN: Please underline the cause to which death should be charged stat	istically.		
(Burial, cremation or removal, Which)					22. VIOLENCE: If death was due to external causes, fill in the following;			
Cametery or commetery Mt. Olivet Cometery Where did Injury occur? (City or town) (County) (State)	Cometery or commetery Mt. Olivet Cemetery			Gemetery	Where did injury occur?	State)		
Location Frederick, Maryland Injured at home, farm, Industry, public place (where?)	Location Frederick, Maryland			Maryland		000000000000000000000000000000000000000		
1B. Funeral director C. S. Cline & Son Means of Injury Injured at work?	1B. Funeral director C. S. Cline & Son			& Son	Means of Injury Injured at work?			
Address Frederick, Maryland 23 SIGNATURE of Philosoluce he-17				Maryland	1081	he on		
23. SIGNATURE M. D. or other	94 0 4		GL	). I An Out . O.	23. SIGNATURE M. D. OF C	ther		
19. d. 19.4.5 (Date rec'd by registrar)  Registrar  Address 5 w 2 vaff Baie signed 2 3/2 7/cm	(Date rec'd hy reg	19.4.5istrar)	ما	Registrar	Address 5 to 2 veft Date signed &	12 year		

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THE REAL PROPERTY.



VS-A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newport infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Mederelle
How long in above place of death?	(il outside city or town lights, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
f Mergleeg Hospital	Street No
How long in hospital or instruction?	2.(α) If vetoran, name war
3. (a) FULL NAME Traublea 6	Martine 3. (b) Social Security Number
4. Sex   5. Color or sace   6.(a) Simple married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. Date of Death Clour 4 1945 at 8 7
8.(6) Name of American or wife Lucie and West	21. I PERTIFY that death occurred on the date above stated: that attended deceased from
	" X. 10 C
7. Birth date of 2.0	and that I last saw h last saw h 13.1
deceased (mo., day, yr.) 10-v. 29. 1878	
8. AGE: Years Months Days tf less than one day	Immediate cause of death
66 1/0, 15 min	
8. Birthplace & Redereel Court Mariland	
Now, county, and state)	, Due to
1B. Usual occupation.	
11. Industry or business Suine Plant	Due to.
12. Name Jahres S. Martin	
12. Name James & Martin 13. Birthprace	Differ conditions
14. Malden name	(Include pregnancy within 8 months of death)
	Major findings of operations.
=1 13. BITTIPIACE	
16. Informant Virguela Falle	Autopsy results.
Address Meergeden Hosp. Trederich Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burisal 1 1 19 17 1940	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cramation, or removal, Whighi) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or comments MIT. Hope Gemetery	Where did injury occur?
Location allords for gyd.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Powell & Hartiler	Means of injury injured at work?
01/	7 22 10
Address Noodsboro 1991	23. SIGNATURE Control
19 6 Oct 10 45 Elisabeth y Heck.	M. D. or other
(lists rec'd by registron)	

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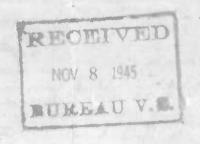
2411 N. Charles St., Baltimore 160-6

#### CERTIFICATE OF DEATH

Reg. Dist. No. 135

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Fredexiel	State Md County Tx = de Til
(If outside city or town limits, write RURAL and give nearest town)	3 1 6 11 1
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.
How long in hospital or institution?	(If rurai, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Brenda Joyce Mellott	no -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale winte simple	20. DATE OF DEATH. 000.1 - 12 16 at
6.(U) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B (a) If allow plus and	2 9 19 45 to OC / 1545
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Sept. 29. 19. 19. 19. 19. 19. 19. 19. 19. 19. 1	Immediate cause of death OURATION
7min.	prissur on liam 2 day
	a to a load to page be
9. Birthplace & Smith shows frelex Co Md. (Town county, and state)	Oue to.
10. Usual occupation	
11. Industry or business	Oue to
	Other conditions
12. Name France t Mellott  13. Birthplace Smitheburg, Pld.	
	(Include pregnancy within 3 months of death)
14. Malden name Paranie Clean	Major findings of operations.
	Date of op.
16. Informant En mont Mellott	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Smiths burg, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(month) (day) (year)	Accident, suicide, or homicide
	m. W. a.
Location Walley Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Clade duckly	Means of Injury Injured at work?
Address Mildletown, Md.	d. V VI
	23. SIGNATURE M. D. or other
19. OU. 3 19 H. 5 le L. Leatherman. (Date rec'd by registrar) Registrar	Address My arabite The Date signed Ot / C/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly are MARGIN RESERVED FOR BINDING



WRITE

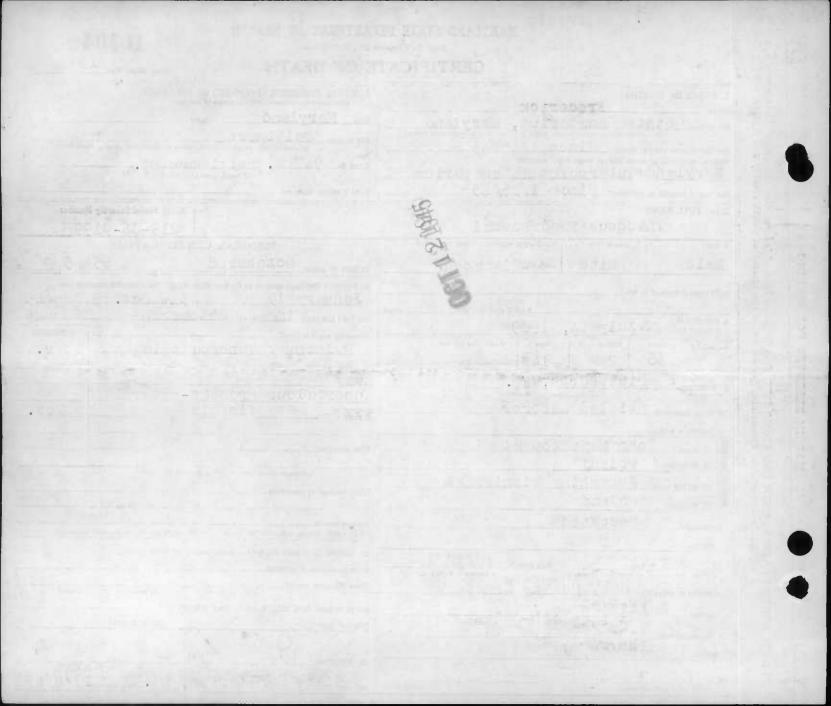
PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1845.

# CERTIFICATE OF DEATH

#### 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: Frederick State Maryland State Sana to rium, Maryland (If outside city or town limits, write RORAL and give nearest town) Baltimore (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 1/15/45 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sana to rium Street No. 947 W. Baltimore St. (If rural, give LOCATION) How long in hospital or institution? Since 1/15/45 3. (a) FULL NAME 3. (b) Social Security Number Thaddeus Naperkowski 219-05-9199 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 5. Color or race October 8 19 45 at 5 P Male White Divorced 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from R.(b) Name of husband or wife..... January 15 19 45 to Oct. 8 19 45 and that lest saw h im alive on October 8 19.45... deceased (mo., day, yr.) July 24, 1909 Immediate cause of death..... if less than one day 8. AGE: Pulmonery Tuberculosis 36 Pittsburgh, Pa. (Town, county, and state) Tuberculous Broncho-pleural 10. Usual occupation Skilled Laborer fistula 11. Industry or business 12 Name John Naperkowski 12. Name....... 13. Birthplace Poland (Include pregnancy within 3 months of death) 14. Maiden nat 14. Maiden name Josephine Wisniewska Major findings of pperations..... Poland Deceased 16. Informant..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof 10/12/45 (month) (day) (year) Burial (Buriai, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Cemetery or crematory Holy Rosary Cemetery Baltimore Co., Md. Injured at home, farm, Industry, public place (where?) ..... Injured at work? Msens of Injury M.L. Creager & Son Thurmont, Md. Address 23. SIGNATURE. Address State Sana torium, Md. Date signed 10/8/45 Registrar



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 1.3...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Gounty	(For newborn infacts give esidence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Could could
	City or the A Redericle
How long in above place of 652th?  Hospital, Institution, or street address where death occurred.  Hospital, Institution, or street address where death occurred.	(If outside city or town limits, write RURAL and give pearest town)
Ombrace, Hospilal	Street NO. Company
How long in hospital or institution	(If rural, give LOCATION)  2.(a) If veteran mame war
3. (a) FULL NAME 700 · 0	15/
Mariea Savauus	h Newway 3. (b) Social Security Number
	nne
4. Sex 5. Color or race 6.(a) Single, married, widewad, or divorced	MEDICAL CERTIFICATION 025
Secure colored surali	20. DATE OF DEATH October 3, 1945 of PM
8.(b) Name of husband or wife	21. I CERTYY that wath occurred on the date above stated; that I amended deceased from
7. Birth date of years	September 26 19 40 19 Oct 3, 18 40
deceased (mo., day, yr.) Seltensher, 26 1945	and that I set saw h. all alive on the set saw h. alive of the set saw h. aliv
8. AGE: Years   Monthy   Days   If less than one day	Immediate cause of death
To or and the second	The second of th
a Birthologo Trederick Tredlice, Mar land	J. Semano
9. Birthplace	Due to.
	Alkaulur
10. Usual occupation	Due to
11. Industry or bysue/s	
12. Name Lorge Severed Merviller  13. Birthplace Landrung. Virgues	Other conditions
3. Birthplace Lessyers, Verqueen	
14. Maiden oam Plark Drowneah Sefeer	(Include pregnancy within 8 months of death)
14. mailen dame James Control Control	Major findings of operations
15. Birthplace Trederich Carat Menfaud	Date of op
16. Informant Vilegues order	Antopsy results
Addres Frierance Fort. Thelewile Rd.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to exteroal causes, fill in the following:
(Burial, cremetical or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematury Montlevine Com.	Where did injury occur?
M / O O h.	Where did injury occur? (City or town) (Connty) (State)
Location De agragio W. Washland	injured at home, farm, Industry, public place (where?)
18. Funeral director. 9. D. Nort Supt.	Means of Injury Injured at work?
Address The Leavish Co. Marin Lil.	H Laurence Fahrney mo
and the state of t	23. SIGNATURE
19. 5 Cect 1045 Elizabeth & Heck	In duck ma M.B. or other
(Date rec'd by registrar) Registrar	Address the energy

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# MARYLAND STATE DEPARTMENT OF HEALTH

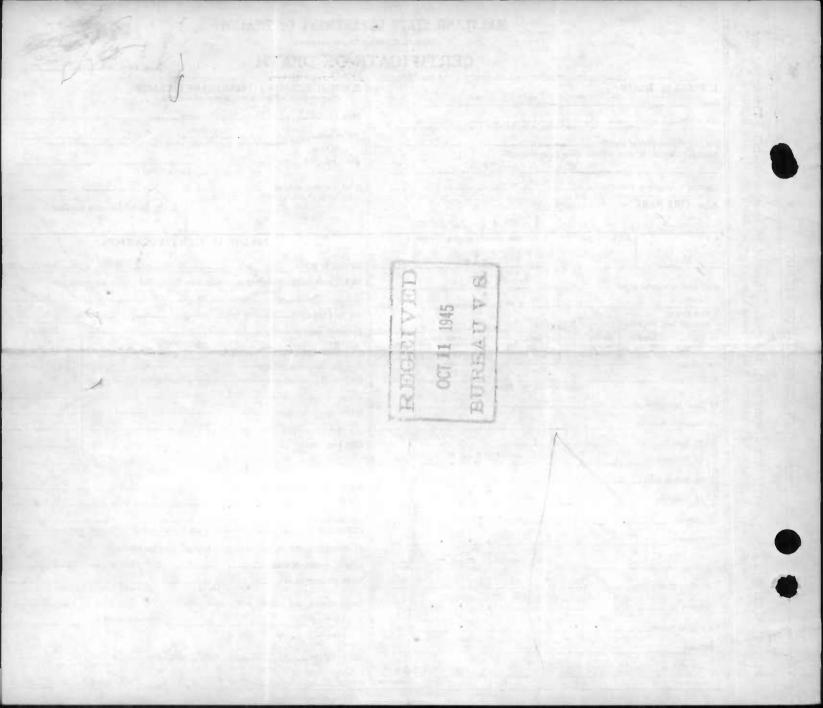
2411 N. Charles St., Baltimore



### CERTIFICATE OF DEATH

4	Reg.	Diat.	No	14

State   Mest   Virginia   Second   State   Mest   Virginia   Mest   M	1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
Row long in shore of death.  Royally, Individuo, or street address where death occurred:  Schnauffer Hospital individuo, or street address where death occurred:  Schnauffer Hospital    Bow long in hospital or institution?  Schnauffer Hospital  Bow long in hospital or institution?  Schnauffer Hospital  Bow long in hospital or institution?  Schnauffer Hospital  Bow long in hospital or institution?  Schnauffer Hospital  Street Ro.  (If rural, give LOCATION)  If such death give instance town)  If such death give instance town)  If such death give instance town)  It founds a long the such give instance town)  It founds a long the such give Instance town)  It founds a long the such give Instance town)  It founds a long the such give Instance town)  It founds a long the such give Instance town)  It founds a long the such give Instance town)  It founds a long the such give Instance town)  It founds a long the such give Instance town)  It founds a long the such give Instance town)  It fo		
Some	(If outside city or town limits, write RURAL and give nearest town)	Prince Charlestown
Schalar   Scholar   Schalar   Scholar   Scho	How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Bow long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) If velorar, name war  3. (d) Social Security Number  MEDICAL CERTIFICATION  8. (b) Rame of hurband or wife  8. (c) Halve, give age		
3. (a) FULL NAME  3. (b) Social Security Number  3. (c) FULL NAME  4. 544  5. Color of face  5. Color of face  6. (b) Halve, give age.  7. Birth date of tecested (m. dory.r.)  7. Birth date of tecested (m. dory.r.)  8. AGE: Yeart  19. Menth  19. If test than one day  19. Mest Virginia  10. Usual occusation.  11. Interstry of business  11. Mester name.  12. Rosie.  12. Hane.  13. West Virginia  14. Malden name.  15. Birthdace  16. Interment.  17. Birthdace  18. Concept of the conditions  19. Mest Virginia  19. Mest Virginia  10. Usual occusation.  11. Interstry of business  11. Interstry of business  12. Hane.  13. Concept of the conditions  14. Malden name.  15. Concept of the conditions  15. Concept of the conditions  16. Interment.  17. Birthdace  18. Concept of the conditions  19. Mest Virginia  19. Mest Virginia  10. Interest of conditions  10. Due to.  11. Interment.  12. Virginia  13. Concept of the conditions  14. Malden name.  15. Concept of the conditions  16. Concept of the conditions  17. Date of Death of the date does the specific that Interfind the specific that In		(if rural, give LOCATION)
A. St. S. Celler or race  M. Single  S. Celler or race  M. Co. Name of husband or wife.  Single  S. Co. Haller, give age.  Jan. 29th. 1945  S. AGE: Vars Months  Bays Hess than one day  Birth date of deceased (mo. day, r.)  Jan. 29th. 1945  S. AGE: Vars Months  Bays Hess than one day  Birth late.  S. Co. Haller, give age.  Jan. min.  S. Birthplace.  Meat. Virginia.  S. Birthplace.  Meat. Virginia.  S. Birthplace.  Meat. Virginia.  Due to.  Single  Meat. Virginia.  Due to.  Major feedings af operations.  Major feedings af o	How long in hospital or institution? 9 days	2.(o) If veteran, name war
Single  6.(6) Name of hutband or wife  5. Ecolor or race  M Single  6.(6) Name of hutband or wife  5. Ecolor area b. (a) Single  6.(6) Name of hutband or wife  5. Ecolor area b. (a) Single  6.(6) Name of hutband or wife  5. Ecolor area b. (a) Name of hutband or wife  6.(6) Name of hutband or wife  6.(6) Name of hutband or wife  7. Birth date of deceased (no. dar, yr.)  8. AGE: Vears Months  8. AGE: Vears Months  8. AGE: Vears Months  8. AGE: Vears Months  9. Birthplace  10. Usual occupation  11. Industry or business  11. Industry or business  12. Name  13. Birthplace  14. Madden name  15. Birthplace  West Virginia  16. Informant Mrs. Rosie Penwell  16. Informant Mrs. Rosie Penwell  17. Burial  18. Fueral director Chaple Cemetary  Chaple Cemetary  Chaple Cemetary  Chaple Cemetary  Chaple Cemetary  Chaple Cemetary  Coenitors  18. Fueral director C. H. Feete & Bro.  Address Brunswick, Maryland  29. DATE DE DEATH (19. MEDICAL CERTIFICATION  19. Ada and place underload above table to date programate from 19. Ada and place underload and place to which date to which death should be charged statistically.  21. ICENTIFY (Apple datal programacy within 3 months of death)  Immediate cause of death and the same ham. alive on 19. Ada that a buried and power table to which death should be charged statistically.  19. Adaptive recults and the place of where?  Where did injury occur? (City or town) (County) (Statis)  Injured at work?  19. Address Brunswick, Maryland  21. ICENTIFY (Apple datal preserved gath data programacy within 3 months of death)  19. Adaptive recults and place of the same datal place of the same place o	3. (a) FULL NAME	3. (b) Social Security Number
M. Single  6.(6) Hame of husband or wife.  7. Suith date of declared (mo. day, yr.)  8. AGE: Tears Months Days If less than one day 19. Mars. Min.  8. Birthplace Mest Virginia  10. Usual occupation.  11. Industry or business  12. Name. Thomas Penwell  13. Birthplace West Virginia  14. Maiden name. Rosie. Lillow  15. Birthplace West Virginia  16. Intermant Mrs. Rosie Femwell  17. Burlial (Sturfal, evenation, or removal, Whichi)  18. Furgal director Charlestown, W. Va.  18. Furgal director C. H. Feete & Bro.  Address Brunswick, Maryland  20. Date Be Death C. 11 of CERTIF Call dealty occurred to the date above styled: that laffinded speces from Mrs. In the following: And that I last saw h. L alive on	mayne. Duysell.	3,(7,000,000,000,000,000,000,000,000,000,
6.(6) Hame of husband or wife  7. Birth date of deceased from. day, yr.)  8. AGE: Years Months Days Hiss than one day  8. AGE: Years Months Days Hiss than one day  9. Birthplace.  9. Birthpl	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day 19 hrs. min.  9. Birthplace. West Virginia (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name. Thomas Penwell 1. Birthplace West Virginia (Include pregnancy within 3 months of death)  15. Birthplace West Virginia  16. Informant. Mrs. Rosie Penwell . Major foodings af operations.  Major foodings af operations.	M W Single	20. DATE OF DEATH Q & 10 19 45, at 2 A M
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day 19 hrs. min.  9. Birthplace. West Virginia (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name. Thomas Penwell 1. Birthplace West Virginia (Include pregnancy within 3 months of death)  15. Birthplace West Virginia  16. Informant. Mrs. Rosie Penwell . Major foodings af operations.  Major foodings af operations.	6 (b) Name of bushand or wife	21. I CERTIFY Mat death recurred on the date above stated: that terrinded deceased from
Second consisted (no. day, yr)   Jan. 29th. 1945   S. AGE:   Vears   Months   Days   If less than one day   19   Mrs.   min.	O CAM allows at the con-	1
Second content of the second content of th	7. Birth date of	
8. Birthplace. West Virginia  10. Usual occupation.  11. Industry or business  12. Name Thomas Penwell  13. Birthplace West Virginia  14. Maiden name Rosie Dillow.  15. Birthplace West Virginia  16. Informant Mrs. Rosie Penwell  17. Rurial Charlestown, W.Va.  18. Fueral Charlestown, W.Va.  Location Rural Charlestown, W.Va.  Address Brunswick, Maryland  Due to.  Diher cooditions  (Include pregnancy within 3 months of death)  Major foodings af operations.  Anotopsy results Philysicians: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Date of  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury Injured at work?		
8. Birthplace	0. 1.02.	
8. Birthplace	8/0 19hrs,min.	2
Due to.  11. Industry or business    12. Mame.	Blobbane West Vinginia	V) // // : 40.01/
11. Industry or business    12. Hame.	(Town, county, and state)	
11. Industry or business    12. Hame.	1D. Usual occupation	B.A.
12. Name		Due to
13. Birthplace  West Virginia  (Include pregnancy within 8 months of death)  Major fiodings af operations.  Address Rural Charlestown, W. Va.  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Bate of  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Major fiodings af operations.  (Include pregnancy within 8 months of death)  Major fiodings af operations.  Major fiodings af operations.  Major fiodings af operations.  (Include pregnancy within 8 months of death)  Major fiodings af operations.  (Include pregnancy within 8 months of death)  Major fiodings af operations.  Major fiodings af operations.  Major fiodings af operations.  (Include pregnancy within 8 months of death)  Major fiodings af operations.		
14. Maiden name   Rosie Lillow   Major fiodings af operations		Diher cooditions
16. Informant Mrs. Rosie Remwell  Address Rural Charlestown, W. Va.  17. Rurial (Burial, cremation, or removal, Which?)  Cemetery or crematory Chaple Cemetary  Location Rural Charlestown, W. Va.  18. Funeral director C. H. Feete & Bro.  Address Brunswick, Maryland  Address Acotopsy results.  PHYSICIAN: Flease underlice the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide Date of Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?		(Include pregnancy within 8 months of death)
16. Informant Mrs. Rosie Remwell  Address Rural Charlestown, W. Va.  17. Rurial (Burial, cremation, or removal, Which?)  Cemetery or crematory Chaple Cemetary  Location Rural Charlestown, W. Va.  18. Funeral director C. H. Feete & Bro.  Address Brunswick, Maryland  Address Acotopsy results.  PHYSICIAN: Flease underlice the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide Date of Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?	E 14. Malden name Rosic Dillow	
16. Informant Mrs. Rosie Remwell  Address Rural Charlestown, W. Va.  17. Rurial (Burial, cremation, or removal, Which?)  Cemetery or crematory Chaple Cemetary  Location Rural Charlestown, W. Va.  18. Funeral director C. H. Feete & Bro.  Address Brunswick, Maryland  Address Acotopsy results.  PHYSICIAN: Flease underlice the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide Date of Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?	2 15. Birthplace West Virginia	
Address Rural Charlestown, W. Va.  17. Burial  (Burial, cremation, or removal, Which?)  Cemetery or cremalory. Chaple Cemetary  Location Rural Charlestown, W. Va.  18. Funeral director. C. H. Feete & Bro.  Address Brunswick, Maryland  PHYSICIAN: Flease underlice the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  13. SIGHATUBE (L. Days)  14. Funeral director.  Address Brunswick, Maryland  24. SIGHATUBE (L. Days)  25. SIGHATUBE (L. Days)  26. H. Feete & Bro.  27. SIGHATUBE (L. Days)  18. Funeral director.  Address Brunswick, Maryland		
Address Bural Charlestown, W. Va.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Chaple Cemetary  Location Rural Charlestown, W. Va.  18. Funeral director C. H. Feete & Bro.  Address Brunswick, Maryland  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide Bate of County) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury injured at work?		
Burial, cremation, or removal. Which?  Date thereof. 10-12-45 (mouth) (day) (year)	Address Mural Charlestown, W. Va.	22 VIOLENCE, If death was due to external sources fill in the following:
Cemetery or cremalory. Chaple Cemetary  Location Rural Charlestown, W. Va.  18. Funeral director. C. H. Feete & Bro.  Address Brunswick, Maryland  Where did injury occur?	17. Rurial Date thereof 10-12-45	
Location Rural Charlestown, W. Va.  18. Funeral director C. H. Feete & Bro.  Address Brunswick, Maryland  23. SIGHATUBER DELLA COLUMNIA (Where?)		
18. Funeral director C. H. Feete & Bro. Means of Injury Injured at work?  Address Brunswick, Maryland 23. SIGRATUBEL Classes Curently Control of Control o		(City or town) (County) (State)
Address Brunswick, Maryland 23, SIGHATUBEL Clasica Chiefele	Location Rural Charlestown, W.Va.	
Address Brunswick, Maryland 23, SIGHATUBEL Clasica Chiefele	18. Funeral director. C. H. Feete & Bro.	Means of Injury Injured et work?
19. Det 10- 19 45 Grave Wester Address Brues 188 Bate signed Or Street Brues Bate signed Or Street Brues Bru	Address Brunswick, Maryland	to Main Volume Ara.
		Molor other



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#### 2411 N. Charles St., Baltimore 1360 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

139

					Reg. Dist. No	***************************************
1. PLACE OF DE	H <sub>1</sub> Jo	ederick		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	mother)	
State Sanatorium, Maryland			State Maryland County			
			and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, institution, or	r street address where	death occurred:	.4,2	2525 Fdmondeo	s, write RURAL and give no	earest town)
		ulosis Sa		Street No. 2/2/ Editoritation (If rural, give		/
How long in hospital o	r Institution? Sil	nc = 9/26/	45	2.(a) If veteran, name war		V
3. (a) FULL NAM Ra	E lph C. Pe	ercy			3. (b) Social Security 705-07-94	
4. Sex	5. Color or race	6.(a)Single, marrie	d, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Marr	ried	20. DATE DF DEATH October 3		6:10A
		a S. Pero		21. I CERTIFY that death occurred on the date abo September 26	ve stated; that I attended dec	eased from
7. Birth date of			e, give age 61 years	and thet I last saw h im alive on Oct		
deceased (mo., day,	1100	2, 1881		Immediate cause of death		
8. AGE: Years	-1000		ss than one day	Pulmonary Tubercu	losis	15 Mos.
61	4 4	1	hrsmin.			001
9. Birthplace MC	Keespor	t, Pa.		Due to	••••••	**
	Railroad	d Conduct	or		***************************************	***
The second second		AY. YAA MAAYA		Due to		
11. Industry or busines		A. Percy		•••••••••••		*** ***********************************
12. Name				Other conditions		***************************************
			(Include pregnancy within 3 r	wonths of douth)		
14. Maiden name.	Nanny I	Rolph	***************************************			
15. Birthplace	Connell	Lsville,	Pa.	Major findings of operations		
		Percy				
				Autopsy results		
Run	al	Δ	lethorpe, Md  (M) (J(V)  (Month) (day) (year)	22. VIOLENCE: It death was due to external cau		
	, or removal. Which?	100	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremate	Dry ALALAN	1 UM		Where dld injury occur?(City or town)	(County)	(State)
Location	19/11	live	Mil	Injured at home, farm, Industry, public place (w	here?)	
18. Funeral director	M. L.	Creager	& Son t	Means of Injury	Injured at work?	
Address	Thurmo	- 1 1/	181 @ 14.	All Land	2)	
10/51	45	100	Ma	23. SIGNATURE	M. D.	
(Date rec'd by re	gistrar)		Registrar	Address State Sanatori	um Md . Date signed.	10/3/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

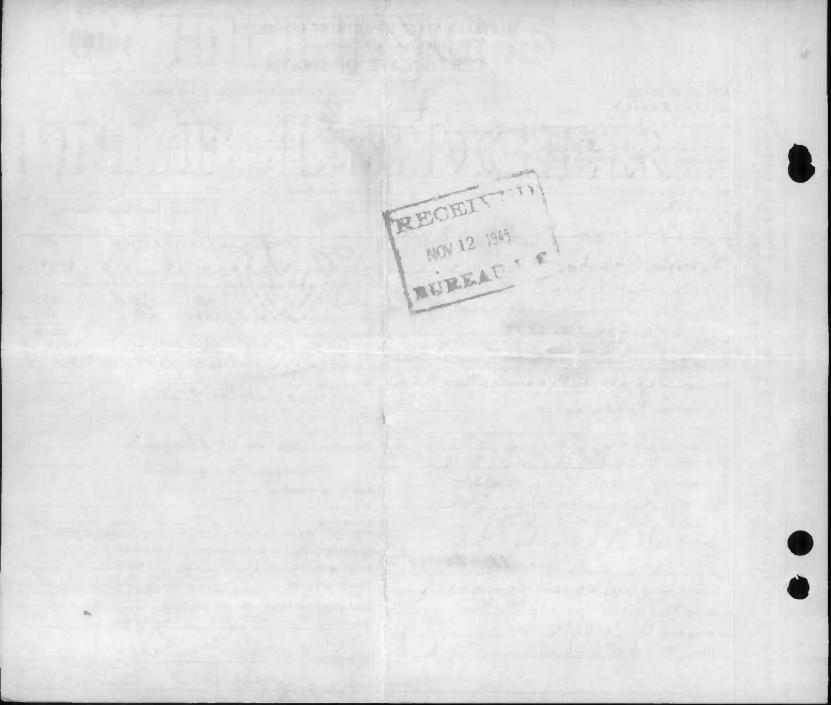
County Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Illinois Couety  City or team (If outside city or town limits, write RURAL and give nearest town)  Strest No.  (If rural, give LOCATION)  2.(a) It veteran, name war. None		
City or Frederick (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 6 Months  Hospital, Institution, or street address where death occurred: Frederick City Hospital  How long in hospital or institution? 4 Weeks						
3. (a) FULL NAM				2.(a) It reteran, name war	3. (b) Social Security Number	
o. (a) 1022 111111		EDERTC	K DOYLE POWERS		3. (0) Social Security Number	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Ma	rried		26 19 45 11 10:45a.	
			nerine Moore Powe  Olf allve, give age	and that I last saw harmalive on	45 10 OX 26 1845 OX 26 1845	
8. AGE: Years		Days	If less than one day	Immediate cause of death	DURATION	
68	6	17	hrs,mln.		conie	
11. Industry or busines	Retired None	Railwa	y Express Cashier	Due to		
12. Name			nty, Maryland	Other conditions		
14. Maiden name.	Elizabet	h Cook	nty, Maryland	(Include pregnancy within 3		
16. Informant			Powers	Autopsy results.		
Address	Peoria.			PHYSICIAN: Please underline the cause to w		
17Remo: (Buriel, eremation Cemetery or exempter	or removal. Which?)	Date there	ot Oct 28 1945 (month) (day) (year)	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide	Date of	
Location	Peoria,	Illin	ois	Injured at home, tarm, industry, public place (w	rhere?)	
18. Funeral director	C. E. C	line &	Son	Means of Injury	Injured at work?	
Address	Frederi	ck, Mar	yland	- Anva	M. Clik M O.	
19. 9 Q Q (Date rec'd by re	19 Y 5 Tistrar)	13	izabeth y. Heck.	23. SIGNATURE Address Frederick	M. D. or other  M. D. or other  M. D. or other	

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2411 N. Charles St., Baltimore 915

### CERTIFICATE OF DEATH

	- Language and the second seco
1. PLACE OF DEATH:	2: USUAL RESIDENCE (HOME) OF DECEASED: (For uewborn infants give residence of mother)
County Fraderick	State Md County Traderic's
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Frederick Oty Hospital	(If rural, give LOCATION)
Kow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fun ma M. Rem sburg	~
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fetorale whobe Marriel	2D. DATE DE DEATH BOLOLEN 30 1945 at 1145 A.M
6.(b) Name of husband or wife Hiram E. Remsburg	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 7.9 years	0423 1945 to Oct 30 1945
7. Birth date of	and that I last saw h. A. alive on O. 4 29 1945
deceased (mo., day, yr.) Nov. 13, 1876  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
69 11 14hrs,min.	Nheumatec heart dream 20 410
01	with conquellie failure 3 they's
9. Birthplace Mildletown Trederick Co. Md. (Town, county, and state)	Due to.
10. Usual occupation House Ce	Was come - was
11. Industry or business	Due 10
	Other conditions Theese a - Bucheter
12. Hame de ob your Md.	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op
16. Interment Paul Remaburg	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Braddock Heights, Mid.	
17 Burial Bate therent // -/ -45	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cromation, or removal, Which) (month) (day) (year)	
Cemetery or crematory Lutha example Cemetery or crematory Cemetery or crematory Cemetery or crematory Cemetery Cemeters Cemetery Cemetery Cemetery Cemetery Cemetery Cemetery Cemeters Cemetery Cemeters Cemetery Cemeters Cemeter Cemeters Cemeter	Where did injury occur?
Location Middle town We.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Classical Co.	Means of Injury Injured at work?
Address Mid Totown, Md.	( Sauce
	23. SIGNATURE
19. Mort 1945 Elizabeth J. Heck	Letterson Bate almost 11/8/45



#### 2411 N. Charles St., Baltimore (850)

### CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick City or town Frederick (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: Frederick City Hospital How long in hospital or institution? 23 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City or taum Frederick  (If outside city or town limits, write RURAL end give nearest town)  Street No. 206 East Fifth Street  (If rural, give LOCATION)  None
3.(a) FULL NAME GEORGE ROBERT RUMPF	3. (b) Social Security Number 220-10-5542
4. Sex   5. Color or race   8.(a) Single, married, widewed, or divorced   M	MEDICAL CERTIFICATION  2D. DATE DF DEATH
6.6) Nams of husband or wife Lucy M. Smith  6.6) It allve, give age 56 years  7. Birth date ot deceased (mo., day, yr.) July 5, 1888	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 45 to 19 45  and that I last saw harman alive on 19 45
8. AGE: Years   Months   Days   It less than one day   57   3   3  hrsmin.	Immediate cause of death  DURATION  4 Week
9. Birthplace. Frederick-Frederick-Maryland (Town, county, and state)  1D. Usual occupation. Handyman  11. Industry or business Everedy Company    12. Name   William H. Rumpf   13. Birthplace Frederick County Maryland	Due to
14. Malden name Elizabeth M. Esterly 15. 8irthplace Frederick County Maryland 16. Informant Mrs. Lucy S. Rumpf Address 206 E. 5th St., Frederick, Md.	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial    Burial   Date thereof   10/11/45	22. VIOLENCE: it death was due to external causes, till in the following;  Accident, suicide, or homicide
18. Funeral director. M. R. Etchison and Son  Address Frederick, Maryland  19. 9-0 ct. 1945- Elizabeth 4 Registrar  (Date rec'd by registrar)	Means of Injury  Injured at work?  23. SIGNATURE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING PLEASE WRITE

BUREAU V.B.

#### CERTIFICATE OF DEATH

	TE OF DEATH  Reg. Diat. No. / 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or tewn  (If outside city or town limits, write RURAL and give nearest town)  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single parried, wildowed, or divorced Surgle	MEDICAL CERTIFICATION  20, DATE OF DEATH OF DEAT
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATI
10. Usual occupation Selection (Toyn, county and state)  11. Industry or business Haushnelson	Due to.
12. Name: Thomas Hen Russell 13. Birthplace West Curren	Other conditions
14. Maiden nate Leuras Elderd Musen  15. Birthplace Maryland	(Include pregnuncy within 3 months of death)  Major findings of operations
16. Informant Mas Charles Co. June 1911	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Date thereof.  (Gay) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Mustureshing W. Va.  18. Funeral director C. H. Feele & Bro	Injured at home, farm, Industry, public place (where?)
Address Brussenck Md.	23. SIGNATURE ALLES M. D. of other

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OCT 30 BAS

2411 N. Charles St., Baltimore 934

#### CERTIFICATE OF DEATH

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1. PLACE OF DEA				2. USUAL RESIDENC	E (HOME) OF	DECEASED:	
		derick	RAL and give nearest town)	State Maryland County Frederick			
How long in above place o	f death? 30	years	KAL and give nearest town)	City or town(If outsid	Rural-Fi	rederick write RURAL and give n	earest town)
Hospital, Institution, or s	treet address where Rural-Fre	death occurred:		Street NoGas.		-East of Fre	ddrick
How long in hospital or i				2.(a) It veteran, name war	(If rural, give I		***********
3. (a) FULL NAME						3. (b) Social Security	Number
	ALICE	VIRGINI	A SCHAEFFER			None	
	5. Color or race		married, widowed; or divorced		MEDICAL CE	RTIFICATION	
Female	White	Si	ngle	20. DATE OF DEATH	October 19	19.45	1:30 a
8.(b) Hame of husband or	wite None	<b>a</b>	***************************************	21. I CERTIFY that death oc	curred on the date above	e stated; that I attended dec	eaced from
01.00	•••••		If alive, give ageyear			5 to Och	
7. Birth date of deceased (mo., day, yr.)	Octo	ber 2.	1871			419	
8. AGE: Years	Months	Days	It less than one day			***************************************	OURATION
74	-	17	hrsmin		Ham	nlese	2 weeks
9. Birthplace. Buckeystown, Maryland (Town, county, and state)				. Due to			
10. Usual occupation	D-+4.		sekeeper			***************************************	***
11. Industry or business	None			Due to Ashers	of derma	<b></b>	***************************************
	John Ada	n Schae	ffer	Diber conditions Reserve	endiel		****
12. Name	Buckeyst	own. Ma	rvland	0	traulli's	i'enery -	
H 14. Malden name	_		skey		regnancy within 8 me	ontha of desch)	
14. Malden name	Jefferso			Major fisdings of operation			••••••••••
16. Informant			llen	Autopsy results have	·····	Date ot op	
Address			Maryland		line the cause to whi	ch death should be charged	d statistically.
Burial (Burial)			Oct. 21, 1945 (month) (day) (year)	22. VIOLENCE: If death w			
(Burial, oremation, c	Temoval, Which?)		(month) (day) (year) Cemetery	Accident, suicide, or homicid			
Cemetery or .orematory:		•••••		Where did injury occur?	(City or town)	(County)	(State)
Location			Maryland		stry, public place (whe	re?)	
1B. Funeral director	C. E	. Cline	& Son	Meane of Injury		Injured at work?	
Address	Fred	erick,	Maryland	- (1	1 /1	Pearse M	.2.
19. 21 - Qct	194.5	Eli	abeth & Heck	23. SIGNATURE	hal	/ M, D	or other
(Date rec'd by regis	trar)		Registra	Address	ACT I I		121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 1) MARGIN RESERVED FOR BINDING

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BUREAU V.R.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

#### CERTIFICATE OF DEATH

	10113,20
*	Reg. Diat. No. 139

1. PLACE OF DEATH:  County  County  City or town State Sam torium Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Since 9/26/45  Hospital, institution, or street address where death occurred:  Maryland Tuberculosis Sana torium  How long in hospital or institution?  Since 9/26/45  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Mary land County  City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 2002 McHenry Sta (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Sacial Security Number
William Henry Schultz	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male   White   Married	20. DATE DF DEATH October 19 19 45 at 2:55A.
6.(b) Name of Marie Audrey A. Schultz  6.(c) If alive, give age 38 years  7. Birth date of deceased (mo., day, yr.) August 5, 1900	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 26 19 45, to Octo 19 19 45 and thet I last saw h im alive on October 19 19 45
deceased (mo., day, yr.) August 5, 1900  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
45 2 14hrsmin.	Pulmonary Tuberculosis 22 Mos.
9. Birthplace Baltimore, Maryland (Town, county, and state)  10. Usual occupation. Chauffeur  11. Industry or business  12. Name. John F. Schultz  13. Birthplace German y	Due to
14. Maiden name Louise Whete	(Include pregnancy within 3 months of death)
14. Maiden name Louise Whete  15. Birthplace Baltimore, Md.	Major findings of operations
16. Informant Deceased	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?)  Date thereof. Ct. 22 / 9 45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory Western emetery Location Saltimore ma	Where did injury occur?
18. Funeral director M. L. Creager & Son	Meens of tnjury injured at work?
Address Thurmont, Maryland	23. SIGNATURE Della olyn
19. 10/19 (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. 36 3606X  Address State Sanatorium, Md. Date signed 10/19/45

OCT 22 BUREAU V.B.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 933 CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Frederick
City of town (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? Lifetime	City or term. Frederick (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2 Clarke Place
Emergency Hospital	(If rural, give LOCATION)
How long in hospital or institution? 2 months	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ARTHUR SEIDLING	214-10-5247
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divorced	20. NATE OF DEATH October 14 19 45, et 5 A. M
6.(b) Name of tracked or wife Ella Dixon	21. I CERTIFY that death occurred on the date above stated: that I attended declased from
2(2)(2)(-1	100cc 10 1945 to 1041
7. Birth date of	and that I last saw ha. A saw alive on
deceased (mo., day, yr.) December 15-1897	Immediate cause of death
8. AGE: Years Montha Days If less than one day	
48 9 29hrsmin.	Gentinari Hay
9. Birthplace	Due to
10. Usual occupation Cement Worker	Due to
11. Industry or businese for Contractor	Due to
	Dither conditions.
12. Name. George Seidling 13. Birthplace Hannover - Germany	
	(Include pregnancy within 3 months of death)
14. Malden name Annie Stupp 15. Birthplace Frederick County, Maryland	Major findings of operations.
\$ 15. Birthptace Frederick County, Maryland	Date of op.
16. Informant Wm. A. Seidling	Autopsy results
Addrese 2 Clarke Place-Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Boto thoras Oct. 15-19/5	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof Oct. 15-1945. (Burlal cremetion, or removal. Which?)	Accident, suicide, or homicide
Cemetery or occurrence Mount Olivet Cemetery	Where did injury occur? (City or town) (County) (State)
Location Frederick, Md.	Injured et home, farm, Industry, public place (where?)
18. Funeral director C.E. Cline and Son	Means of Injury Injured at work?
Address Frederick, Md.	All Ollegues . 1
18. 15 Oct 19. 45 Elizabeth 4 Heck. (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address Date signed

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BUREAU V.E.

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

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	Dist.		1 1	<b>つ</b>	
400	-			× .	
Reg.	Diat.	No.	 4	1	ь.

M. D. or other 

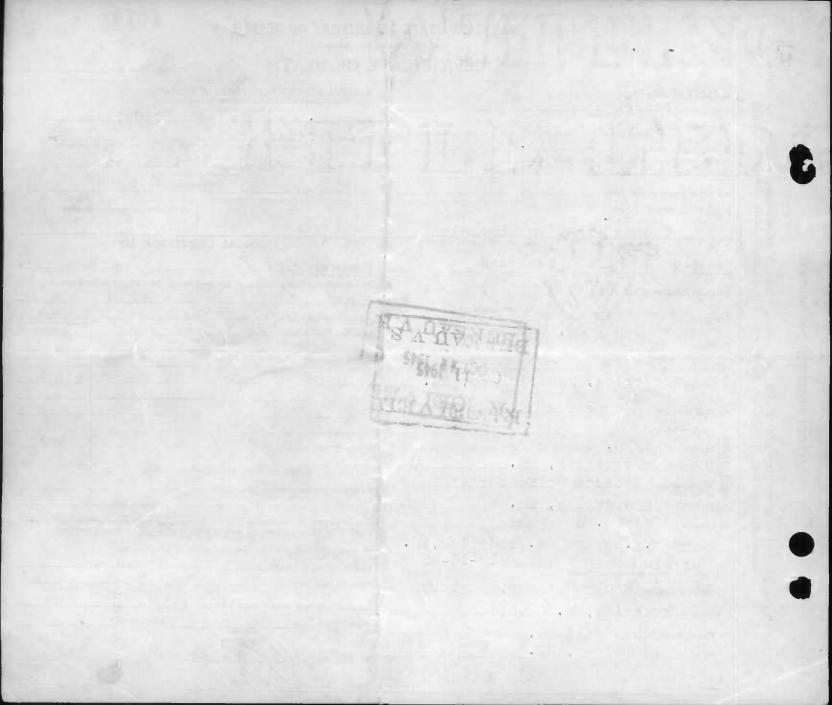
Frederick

1. PLACE OF DEATH:  county Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		Md Prodoni		
City or term Prederick (if outside city or town limits,	write RURAL and give nearest town)			
How long In above place of death? 18	/rs.	City or tem Frederick (11 outside city or town limits, write RURAL and give		
Hospital, Institution, or street address where death 427 South Market	occurred: t. Street	street No. 427 South Warket Street		
	******	(If rural, give LOCATION)  2.(a) If veteran, name war		
How long in hospital or institution?				
3. (a) FULL NAME		3. (b) Social Securi		
	Lin Shoemaker (a) Single, married, widowed, or dispress	1214-10		
		MEDICAL CERTIFICATION		
Male White	Married	2D. DATE OF DEATH. OCT- 7- 19.45		
6.(6) Name of bushand or wife. Effic.	Jane Shoemaker 	21. I CERTIFY that death occurred on the date above stated: that I attended d		
7. Birth date of		and that I last saw h. Z		
deceased (mo., day, yr.) July 30,	Days   If less than one day	Immediate cause of death AMGIMA POLIANAS.		
65 2	7hrsmlr			
9. Birthplace Frederick, Frederick, Grown, coun	derick Co, Md,			
10. Usual occupation Carpenter	r			
11. Industry or business		Due to		
	naker	Diher conditions Astheritzs		
12. NameHenry C. Shoer 13. Birthplace Frederick				
	offenberger	(Include pregnaucy within 3 months of death)		
E 14. Maiden name		Major findings of operations		
14. Maiden name Rebecca Po	Md.	Date of op		
16. Intermant Effie J. Shoe	emaker	Autopsy results		
Address 427.S.Market	St.Frederick, Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
17. Burial (Burial, crometion, or removal, Wilcom)	Date thereof 10-10-45 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, this life tollowing.		
Cemetery or cremeter, Rocky Sp.	rings, demetery	Where did injury occur?		
Location Frederick, Md.	Rural			
18. Funeral directorGladhill	Co.	Means of Injury Injured at work?		
Address Middletown, I		11111		
10 A	CP: 0 and 11 . 12	23. SIGNATURE M. M.		
19. 10 - (Oct 19 14.5	Registry	ar Address 30/ S. Marbel St Date sign		

2.(a) If veteran, name war		
	3. (b) Social Security 1	-
	1214-10-	1390
MEDICAL O	CERTIFICATION	
2D. DATE OF DEATH. OCT. 7-	19.5/5	at & P
21. I CERTIFY that death occurred on the date a		
Sept 4th	3/5 to OCX, 5	
and that I last saw h. T.M. alive on O.C.	75	19 # S
mmediate cause of death Angin;	2 /05/11/5	DURATION
	***************************************	***********
		•••••
we to		***************************************
	***************************************	
ue to	***************************************	***************************************
Her conditions Astheritz	Σ.υ	6 mos
(Include pregnaucy within	8 months of death)	
Najor findings of operations	***************************************	
Autopsy results		
2. VIOLENCE: It death was due to external o	auses, till in the tollowing;	
ccident, suicide, or homicide	Date ot	
Where did injury occur?(City or town		(State)
njured at home, farm, industry, public place	(where?)	********
Means of Injury	Injured at work?	

+re derich

County ..... Frederick
(If outside city or town limits, write RURAL and give nearest town)



2411 N. Charles St., Baltimore 188

# CERTIFICATE OF DEATH

10116

	Dist		7	ス	-
Dag	Dist	N-	- 4-	U	

1. PLACE OF DEATH:	i.
County Sederely	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in this give esidence of mother)
Othy or town (If outside city or town limits, write RURAL and give nearest town)	State Maryand copyry Judereck
How long in above place of Geath?	(If outside city or cown lights, write RURAL and give nearest town)
Hospital, Institution of street address where death occurred for feel of the street address where death occurred for feel	Street No. Bartonsville
How long in hospital or institution?	(If rural, give LOCATION) NONS NONS
3. (a) FULL NAME Howard Wilson St	3. (b) Social Security Number None
5. Color or case 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /6
Male Colored S	20. DATE OF DEATH Polober 8 1945 at 3 PM
8.(b) Name of husband or wile	21. I CERTIFY mat deport occurred on the date above stated - that Mattender deceased from
7. Birth date of years (c) II alive, give age years	Occasio 7 19 4 96. 8 19 40
deceased (mo., day, yr.) Alfelleuber 5 /945	Immediate cause of death DURATION
8. AGE: Years Month Days It less than one day	Immediate cause of eath DURATION 2 much
And anna har and har been har	
9. Birthplace (Town, county, and state)	Bue to. " Shurthen.
10. Usual occupation Infant	Due to
11. Industry or yes fees /	
12. Name Clina Henria Suouden	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Haloupa Culte Renge	Major findings of operations.
16. Information Sullipsice Selib 2 1 11	Autopsy results
Address Treespear Hos. Mederella Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buria, Chemeton or removal, Which (Burial, Chemeton or removal, Which)	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, commention or removal, Which)  Cemetery or committee Colored Cemetery	Accident, suicide, or homicide
Location Bartonsville-Frederick Rural	(City or town) (County) (State)  Injured at home, 1arm, industry, public place (where?)
18. Funeral director. M. R. Etchison and Son	Means of Injury Injured et work?
Address Frederick, Maryland	23. SIGNATURE HLawrence Faking mid
19. 9- Qct 1945- Elizabeth & Hech.	23. SIGNATURE Addresse Faking M. D. or other
(Date rec'd by registrar) Registrar	Address Frederick. Mg Bate signed 0-8-45

BALLAND ROW VERNISH TO ATAIN OF ALTHAN

WILL CALLS OF TAKE



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



#### CERTIFICATE OF DEATH

10117 Rog. Dist. No. /3

	Rey. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County STOGENGR	(For nawborn infants give residence of mother)
	State M. County Thedester
City or town	
	City ar town
Now long in above place of death?	(11 oddside city of town films, write holival and give nearest town,
nospital, institution, or siteer address where death occurred.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or rap 1 6.(a) Single, married, widowed, or divorced	ewas
1. Set 5. Color of the color of	MEDICAL CERTIFICATION
M Mitters Wedowers	actales 15 45 8x
	20. DATE OF DEATH
B.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
P(A) USER OF HERBERT OF MILE	Aug 2 1945 to 0 ct 15 19 4.5
7. Birth date of	
	and that I last saw h. Man. alive on
deceased (mo., day, yr.) Aurenous / 0 / V	Immediate cause of death. Caratral Almonage DURATION
AGE: Years Mooths Days If less than one day	7 25/1
bout 70 _ 1 1 0	mig,
2 / 11/1/2	Delance Ochen Dec Sun
Birtholace Treatment Com	Due to.
(Town, punty, and atate)	
10. Usual occupation.	
	Due to
11. Industry or business	
12. Hame West Scanting	Other conditions
13. Birthplace emberone	
	(Include pregnancy within 3 months of death)
14. Maiden name MOVY NUMBER	Manager Committee of the Committee of th
14. Maiden name Mary Mullium	Major findings of aperations
15. Birthplace	Date of op.
16. loformant Janue Dove	Autopsy results
JI will.	PHYSICIAN: Please underling the cause to which death should be charged statistically.
Address //ams/1000	on WIGHTNEE Is death was due to external savesse (III to the fallowing)
Bus 18. 19	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Bate thereof	r) Accident, suicide, or homicide
Marianal Market	Where did injury occur?
Cemetery or crematory.	(City or town) (County) (State)
Location Mear Long Corner House	Injured at home, farm, lodustry, public place (where?)
11 00// 0 11.0	Means of Injury Injured at work?
18. Funeral director 11. M. Suyau	mounts of tripory
met D-UI	9 1 P Punh WA.
Address //// ///	23. SIGNATURE Cruect.
B+11 1151 11 Km	M D or other
19 Oct 16 1945 Cellars T. Talcone	gistrar Address from Merket Mg Bate signed Out 6/4

NOV 6 1945 BURLAC V.E.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 46-9 CERTIFICATE OF DEATH



1. PLACE	1. PLACE OF DEATH: Fredrick 2. USUAL RESID				2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED:	
County				***************************************	(For newborn infants give residence of mother)		
City or town	Emm:	Ltsburg	s. Md.	URAL and give nearest town)	state Maryland county Fredrick		
	(If outst	de city or town	limits, write R	URAL and give nearest town)	City or town Emmitsburg		*******
		eath? et address where		ars	(If outside city or town limit	m, write RURAL and give a	nearest town)
			To a		Street No		
		********************	9 8	***************************************	(If rural, give	e LOCATION)	
How long in h	ospital or inst	itulion?			2.(a) if veteran, name war	********************************	
3. (a) FULL	NAME					3. (b) Social Securit	y Number
	Hs	arriet	Emily	Stinson		24	
4. Sex		Color or race		e, married, widowed, or divorced	MEDICAL C	EDTIFICATION	
Fn	ı V	vhite		widow	MEDICAL	72 40	130
	1	2			20, DATE OF DEATH.	19'0	atO
8.(b) Name of	husband or w	lie Fran	icis J	ames Stinson	21. I CERTIFY that don't occurred on the date abo		ceased from
			8.60	) If alive, give ageyears	aug 19	45, 10 UCT	22 19.75
7. Birth date o	f				and that I last saw h	422	19.45
deceased (m			22, 1		Immediate cause of , death	A	DURATION
8. AGE:	Years	Months	Days	It tess than one day	Carcinoma Co	low	
	84	1	00	hrsmin.			1
9 Pirthplace	Barı	cie Ont	. Cana	da	Due to.		
							****
10. Usuat occ	upation	Hous	ekeep	er			*****
t 1. Industry or	huolaana				Due to		
	Char	les An	bler		***************************************		*****
12. Name.	•••••			**************************************	Other conditions		
		rie Or		ada	(Include pregnancy within 3 a	wantha of Jackh	
至 14. Malde	n name	Unkr	nown				
14. Malde			cnown		Major findings of operations		
= 1 15. Birting	A 11	A1:				Date of op	***************************************
16. Informant.	034	June	son		Aotopsy results		
Address	6m	mit	dur	a and.	PHYSICIAN: Please noderline the cause to wi	hich death should he charge	ed statistically.
Bur	19]			Oct 24. 1945	22. VIOLENCE: If death was due to external cau	uses, till in the following;	
(Breist ar	emation, or i	emoval. Which?	Date there	(month) (day) (yenr)	Accident, sutcide, or homicide	Date of	
194 F 430	crematory	LGreer	1 Hill	Cemetery .	Where did injury occur?(City or town)		
bemetery of			many imme.	· ```			
Location		ynesbo	0 . 1 .	***************************************	Injured at home, tarm, industry, public place (w		•••••••
18. Funeral di	rector	1.2.6	ellers	<u> </u>	Means of Injury	Injured at work?	
Address		tsbur		1	6-211	1 16 4:	A.
Addless	ADDITION S	. oo our r		111 -0 10	23. SIGNATURE	all M	<b>V</b> 3
19.00	Ct. 5	3 19 4	5	W. F. Strus	1		or other
(Date rec	d by registr	ar		Registrar	Address Muller	Date signer	1053-45

RECEDED OCT 2.7 1915

BUREAU V. E.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1011/3 Reg. Dist. No...

	II a married by the state of th
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Valuet	(For newborn infanta rive residence of mother)
la a de de de la	State County
(If outside city or town limits, write RURAL and give nearest town)	
	City or town Was hung lon
How tong in above place of death?	(If outside city or town limits, write RVRAL and give pearest town)
Hospital, Institution, or street address where death occurred:	Street No. 25- Reunedy Not.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HARRIET FAIT	ABETH STROUSE V
4. Sex 5. Color or race 8.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
- 111 - 1	MEDICAL GERTIFICATION
- W manied	many with the state of the stat
	20. DATE OF DEATHS 1945, et .S.4.01 M
6.(b) Name of husband on who Wan E. Strause	21. I CERTAIN that death occurred on the date above stated; that 4-attended deceased from
P/O) Manie of Ingoland desired	OCT 4 1946 10 COT 6 1948.
7. Birth date of	and that I last saw haltre on
deceased (mo., day, yr.) ully 19. 8 70	Immediate caose of death
8. AGE: Years   Months   Days   If less than one day	
70111	
/Smin.	STATE MUMBINES SPEC
Busines 10 a	
9. Sirthplace (Town, county, and state)	Due 10
10. Usual occopation. Abuse Wife	
	Due 10
11. Industry or business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. Name Markeys drown  13. Birthplace Pa	Other conditions
	Uther conditions
≥ 13. Birthplace	(Include pregnancy within 3 mooths of death)
# Huntt Man	(Include pregnancy within \$ mooths of death)
14. Malden name.	Major findings of operations
14. Maiden name Harristty Moses  15. Birthplace	
=  13. Birmpiace	Date of op.
18. Informant Muram & Deller	Autopsy results.
2	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address 25 - Kunday Nr.	
Q. 1 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)  (Burial, cremation, or removal, Which)  (month) (day) (year)	Accident, sutcide, or homicide
(Burial, cremation, or removal, Which) (month) (day) (year)	
Cemetery or erematory Rocks Calla Llan	Where did Injury occur?
110 0 1- 00	
Location Washingun Jec.	Injured at home, farm, Industry, public place (where?)
2/ 9// (// 1/20/20/	Means of Injury
18. Funeral director	
7901- 114 JF 7M	M (C)
Address Address	and the state of t
1 A +	23. SIGNATURE
19 6 CC 1945 Elizabelle J. Heda.	
(Doto rea'd by registrar) Registrar	Address To Clark Spread To Plate signed To

M	A	RYI	AND	STATE	DEPARTMENT	OF	HEALTE
ATA.	А	$\mathbf{n}$	AIL	SIAIL	DEFARIMENT	UL	DEALI

2411 N. Charles St., Baltimore (56)

10120 Dist. No. /4/

#### CERTIFICATE OF DEATH

County	HT OA	erick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  Marryl and Carroll		
City or town	Brunswic	K imits, write RURAL and give nearest town) 17 WEEKS	State Maryland County Carroll Mt. Airy		
How long to above place	ot death?	17 weeks	City or town (If outside city or town limits, write R	URAL and give nearest town)	
lospital, institution, or Schn			Street No		
		17 weeks	(If rural, give LOCATIO	(NO)	
B. (a) FULL NAMI	E		3.(b)	Social Security Number	
		EVA ELIZABETH TABLI	ER		
. Sex	5. Color or race	b.(a)Single, married, widowed, or divorced	MEDICAL CERTIF	ICATION	
Female	White	Married		19.45 at 5.48 M	
45 9 45 -14	Alb	ert S. Tabler	21. I CERTIFY that death occurred on the date above stated;		
	<u> </u>	6.(c) If alive, give age 63 years	Dell 1944	Det 16 1945	
7. Birth date of deceased (mo., day, y	Fo	b'y 5, 1883	and that I last saw h Ocoalive on		
B. AGE: Years	Months	Bays tt less than one day	Immediate cause of death	DUBATION DUBATION	
62	8	]]hrsmln.			
В	altimore	City, Maryland	a meladisely	3	
9. Birthptace	(Town,	county, and state) Housewife	Due to throway / Blace	Leber ?	
1D. Usual occupation	***************************************	HOGSENILE	Bue to.		
11. Industry or business		Cono	Laure		
12. Name		***************************************	Dther conditions		
13. Birthplace		aryland	(Include pregnancy within 3 months of	dosh)	
14. Malden name		E. Boyer	Major findings of operations.		
15. Birthplace	M	aryland	major madings or operations.		
16. Informant Mr	. Albert	S. Tabler	Autopsy results.		
Address	Mt.	Airy, Maryland	PHYSICIAN: Flease underline the cause to which death	should be charged statistically.	
, Bur	ial	Date thereof 10-20-45	22. VIOLENCE: If death was due to external causes, fill to		
(Burial, eremetion	Pro	vidence (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or oremate	7		Where did injury occur?(City or town)	(County) (State)	
Location Kemp		ederick Co. Md.	injured at home, farm, industry, public place (where?)		
1B. Funerat director		M. Waltz	Meens at Injury	injured at work?	
Address		Winfield, Md.	X 00 -	11/ 200	
19. Oct. 2	0 19 4 5	Euro Martin	23. SIGNATURE Address Russian	M. Disposition	
12.00.00 0 00 100		10 275	- Marion Strammer Committee Committe	The second secon	

RECEIVLD

OCT 22 1945

BUREAU V.R.

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## 2411 N. Charles St., Baltimore (83-0)

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)				
Pooler Pidro	stale Md county Frederick				
City or town Rocky Ridge (If outside city or town limits, write RURAL and give nearest town)	Dooless Didgo				
How long in above place of death? 50 436	City or town				
Hospital, Institution, or street address where death gocurred:					
	Street No				
Now long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Clayton Joseph Troxell	705-10-5743				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male White Widowed	20. DATE OF DEATH OCO 16 1945 2 2 80				
8.(b) Name of husband or wife. Mary C. Lawrence					
U.(O) Name of nusband of Wile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.40  19.45  and that I last saw h				
7. Birth date of Women 29+h T872	and that I last saw h Asalive on Qat 15 1945				
7. Birth date of deceased (mo., day, yr.) March 28th. 1872					
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Buration Puration				
73 6 18hrsmin.	0000				
9. Birthplace Graceham Fredk Co Md	. Heherlousion +				
Retired. Bridge carpenter	Due to Degravous Due to Degrave				
10. Usuel occupation.	arteres derives yeurs				
WOW D. D.	Due to.				
- 4.1					
12. Name John Troxell	Other conditions				
13. Birthplace Md	(Include pregnancy within 3 months of death)				
14. Maiden name Susan Hesser  15. Birthplace Md					
Md Md	Major findings of operations				
△1 15. Birthplace	Date of op				
16. Informant Charles Troxell Rocky Ridge MD	Anlopsy results				
Address Rocky Ridge MD	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
- 4	22. VIOLENCE: If death was due to external causes, fill in the following;				
Burial Bate thereof Ct. 19th. 1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide				
Cemetery or cremalory Mt Tabor Cemetary	Where did Injury occur?				
Location Rockyt Ridge ND	Injured at home, farm, Industry, public place (where?)				
18. Funeral director M. L. Creager & Son	Means of Injury Injured at work?				
Address MD	W. Cladle M.D.				
not 18 11 00 1 00 1	23. SIGNATURE M. D. or other				
(Dato ree'd by registrar)  (Dato ree'd by registrar)	Address Munihoay helpate signed 10-16-45				
All house and a second	Aumicag				

MARKIAND STATE BENATHMENT OF BEALTH

#### CERTIFICATE OF DEATH

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RECEIVER,
OCT 25 1945
BUREAU V.S.

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chapton Tropell

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



City or town. State Sa (If outside city.) How long in above place of death? Hospital, institution, or street address Mary land Tu How long in hospital or institution?.  3. (a) FULL NAME	ss where death occurred berculosi	s Sanatorium	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give near  Street No. 1736 Lancaster St.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security N  218-10-05	est town)
4. Sex 5. Color or	race   6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female Whi	te Ma	arri ed	20. DATE OF DEATH. October 17 19.45	at 6 A M
6.(b) Name of husband 26.26.26		) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended doceas  August 11 19 45 to Octo 17  and that I last saw h. er alive on October 17	71945
8. AGE: Years   Month		If less than one day	Immediate cause of death	DURATION
24 11	. 2	hrsmin.	Pulmonary Tuberculosis	8 Mos.
9. Birthplace Balti 1D. Usuat occupation Hou  11. Industry or business  12. Name John N  13. Birthplace Pol	s ewife [iemiera	tate)	Due to	
14. Maiden name Mary	Piluk		(Include pregnancy within 3 mouths of death)	3.5
5 15. Birtholace Pol			Major findings of operations	
	ased		Autopsy results	
(Burial, cremation, or removal Cemetery or grematory	// //	(month) (day) (fear)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)
18. Funeral director	Broadway,	f fmed Md.	Means of Injury  tnjured at work?  23. SIGNATURE	Nother.

OCT 22 1945
BUREAU V.R.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

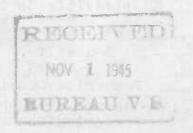
#### more (93-d)

10123

#### CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:  Frederick  County We live and live an	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland Frederick			
Walkersville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 25 years  Hospital, Institution, or street address where death occurred:	State County Walkersville (If outside city or town limita, write RURAL and give nearest town)  Street No.			
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war			
3.(a) FULL NAME Fannie Amanda Wachter	3. (b) Social Security Number None.			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION			
Female White Widowed.	20. DATE OF DEATH QUE 39 19.45 at 11.45 AM			
6.(b) Name of husband of the D. Richard Wachter.  7. Birth date of deceased (mo., day, yr.)  June 21, 1867.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.44. Z, to			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION DURATION			
78 4 8hrsmln.	11/7-40-10 Pt 0			
9. Birthplace. Charlesvil Feederick Co., Md.  (Town, county, and state)  10. Usual occupation. Retired	Due to			
11. Industry or business Housewife.				
E   12. Name David Measell	Other conditions			
14. Malden name Susanna Creager 15. Birthplace Frederick County, Md.	(Include pregnancy within 3 months of death)  Major findings of operations			
16. informant Miss Maymie Wachter,	Antopsy results.			
Address Walkersville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Burial Date thereof Oct. 31, 1945  (Burial, crametion, or removal, Whichi)  Cemelery or crametor)  Utica	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
Utica, Md.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director M. L. Creager & Son	Means of Injury Injured at work?			
Address Thurmont Md.	(28 th) as			
19. 31 - act 19.45 Elizabeth 4 Heck.  (Date rec'd by registrar)  Registrar	23. SIGNATURE Address V Chen Lill M. D. or other Date signed Oct 30, Y.			



## 10124

2411 N. Charles St., Baltimore 940

#### CERTIFICATE OF DEATH

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1	73	D	D.T	- 1	.9	
	Keg.	Diat.	No.		~	

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Frederick				
City or turn TTOO	eide eity or town	limite, write	RURAL and give nearest town)	State Maryland county Frederick
			***************************************	City or tame. Frederick (If outside city or town limits, write RURAL and give nearest town)
Hospital, Inetitution, or st	reet addrees where	death occurre	d:	10 Foot Courth Charact
	lerick Ci			Street No. 10 Edst South Street (If rural, give LOCATION)
How long in hospital or in	stitulion?	l day		2.(a) If veteran, name war. None
3. (a) FULL NAME	HOME	R EMER	SON WALTZ	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Sing	io, married, widowed, or diversed	MEDICAL CERTIFICATION
Male	White	W.	idowed	20. DATE OF DEATH. October 30 19.45 et 12:0
6.(b) Name of husband or	wife Gol	den Wa	ltz	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
			c) If alive, give ageyears	OOF 20 19.45, 10 OO 30.19.
7. Birth date of		r 15.		and that I last saw h
deceased (mo., day, yr.)  8. AGE: Years	Monthe	Days	if less than one day	Immediate cause of death
64	90,000	15	hrsmin.	5440 A 0 1 c
Fr	ederick	Junctio	on Marrel and	
9. Birinpiace	(Town,	, county, and	on, Maryland	Due to
10. Usual occupation	&O Engin	eer		
11. industry or business				Bue to
H 12 Name	Oscar W.	Waltz		Other conditions
			ty, Maryland	
	May Zimm		oy a rear y rain	(Include pregnancy within 8 months of death)
M 15 Sichnices	Frederic	k Coun	ty, Maryland	Major findings of operations.
			Waltz	Autopsy results
Address	Frederic	k, Mar	yland	
17 Burial (Burial, cremetion, or	.00000000000000000000000000000000000000	. Date ther	eof Nova 1, 1945 (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or <del>orematory.</del>			Cemetery	Where did injury occur?
Location	Frede	rick, l	Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director	C. E.	Cline	& Son	Means of Injury Injured at work?
Address	Frede	rick. I	Maryland	Mark Market
2. a+		0	1. 1 00 00 11 0	23. SIGNATURE
19, 30 UC	19.14.5.		yaletti o Heck.	Address Ale le Le Le Le Bate ejoned

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PLEASE WRITE PLAINLY, WITH UNIVADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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S. M. M. W. Bernston

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-20)

4		5.3	166	127
	Reg.	Diet.	No.	1 2 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County JUCK	(For newhorn infants give residence of mother)
City or bour Frederick City.	State Md. County Frederick
(If outside city or town limits, write RURAL and give nearest town)	SHT or town New Market
How long in above place of death?	(If outside city or town limite, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ko.
and the state of t	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carl Ways	None
4. Sex 5. Color or race 6.(a) Single, married, widowad, or divorced	MEDICAL CERTIFICATION
Mal Black married.	20, DATE OF DEATH. Oct. 22 19.45, at 8 1. M
Labethal Wars	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of treshand or wife Alberta	Oct 4 19.45 10 Oct. 22 19.75
7. Birth date of	and that I last saw harmalive on Oct 27 18 45
deceased (mo., day, yr.) august 31.1900	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
45 / 21hrsmin.	Chronic Respira 1 yr.
· Birthologo New Market Frederick Go Md.	(Under )
9. Birthplace. (Town, county, and state)	Due to.
10. Usual occupation Painter & Reper Hanger	Due to.
11. industry or business	
El 10 mm Lawin S. Ways	haliment of bestune
12. Hame Tovis J. Ways  13. Birthplace Md.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name ana. E. Crampton: 15. Birthplace Md.	Major findings of operations.
≥ 15. Birthplace	
18. Informant Labethel ways	Autopay results
Address new Market Md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Burial Qut. 25 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremeties, os removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemetery Limpson Chapel Com	Where did injury occur? (City or town) (County) (State)
Location new Market.	Injured et home, farm, Industry, public place (where?)
18. Funeral director. W. E. Falco-car	Meane of Injury Injured at work?
Address Meyer Mach + Ma	and the sea had
Auditess for frankly	23. SIONATURE
19. Onto rec'd by registrar)  19. Challed Grand Heller Registrar	Address Date signed 122 43



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

#### CERTIFICATE OF DEATH

4				1	111
	Reg.	Diat.	No.		1,

	Nog. Diat. 1100 mm
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	m my las subject
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 40 40	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death performed:	Street No. 72.7 A.T. A.T.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Ida Elizabeth W	Telsh Welsh 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
tends while sugle.	20. DATE OF DEATH OCT 7 19 45, at 840 P.
8.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	ears 0.7 6 19.45 to 19.
7. Birth date of deceased (mo., day, yr.) Sept. 20, 1905	and that I last saw h. a
8. AGE: Years   Mooths   Days   If less than one day	Immediate cause at death DURATION
40 0 18hrs.	
Birthplace Marylul	Due to.
(Toyer, county, and state)	Due 10.
ID. Usual occupation	Due to.
11. Industry or business	
12. Name WM Franklin Welsh	Dther coeditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Major allie Alexand Hausenglied  15. Birthplace Vingma	
15. Birthplace Usigma	Major fiudiugs of uperatiuus
16. Informant Mus Elmer Whipp	Autupsy results.
Address Baussauck	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
D. + 9 191	22_VIOLENCE: If death was due to external causes, flit in the following:
(Burial, cremation, or remover, Which?)  [Burial, cremation, or remover, Which?]  (month) (ax) (year)	Accident, suicide, or homicide
Cemetery or crematory. The Height	Where did injury occur?
Location Brussian Med	Injured at home, farm, Industry, public place (where?)
18. Funeral director Co. H. Fute v Bry	Means of Injury injured at work?
Address Dannen Md	+ M. //
AUDIES JAMES MA JAMES	23. SIGNATURE M. D. Orothag
(Date ree'd by registrar)	M. M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DE	ATH: rick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)					
Rur	al. Emmi	tsbur	Md.	State Maryland County Fredrick					
(If c			URAL and give nearest town)		City or town				
	ot death?		:	Street No. Emmitsburg, R					
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war		***********			
3, (a) FULL NAM	E				3. (b) Social Security	Number			
P	ago Poll	1004			Mone	21011111111			
4. Sex	ose Belle 5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL C	ERTIFICATION				
Fm	white	ma	arried	20, DATE OF DEATH OF S	19.45	- 8-30 M			
6.(b) Hame of husband	or wife Jo	seph V	Wetzell	21. I CERTIFY that death occurred on the date ab					
7. Birth date of	. Oot-b		) If alive, give ageyear	and that I last saw h	Lue Oct 8	19. 4-5			
8. AGE: Years		Days 4	If less than one day	Immediate cause uf death	t disau	DURATION			
5	9 9	7	hrs,min		7-00 F00000 7-00000000000000000000000000	death			
9. BirthplaceF	redrick (Town,	Co. Mccounty, and s	tate)	Due to		• •••••••••••••••••••••••••••••••••••••			
				Due to					
11. Industry or busines		-		_					
12. NameJ	Fredric		Md.	Diher conditions	) ************************************	***************************************			
14. Maiden name.	Marie	Seise		(Include pregnancy within 8					
2 15. Birthplace	Germa	any		Date of on.					
	poslpla	C M	rell	Autopsy results					
LI LI	itsburg l			PHYSICIAN: Please underline the cause tu w					
	1, or removal. Which?)		Oct/2,1945 (month) (day) (yeur)	22. VIOLENCE: If death was due to external ca					
			can Cemetery						
LocationE	mmitsbur	Md.	A	Injured at home, farm, Industry, public place (v	where?)	******************************			
18. Funeral director	S.Z.	0 1	ison	Means of Injury	Injured at work?				
Address E	mmitsbur			23. SIGNATURE Comest of	The Man	2.			
19. O Of	10 = 19 4 5		M. F. Shu	Address Hurust	M. D.	or other			

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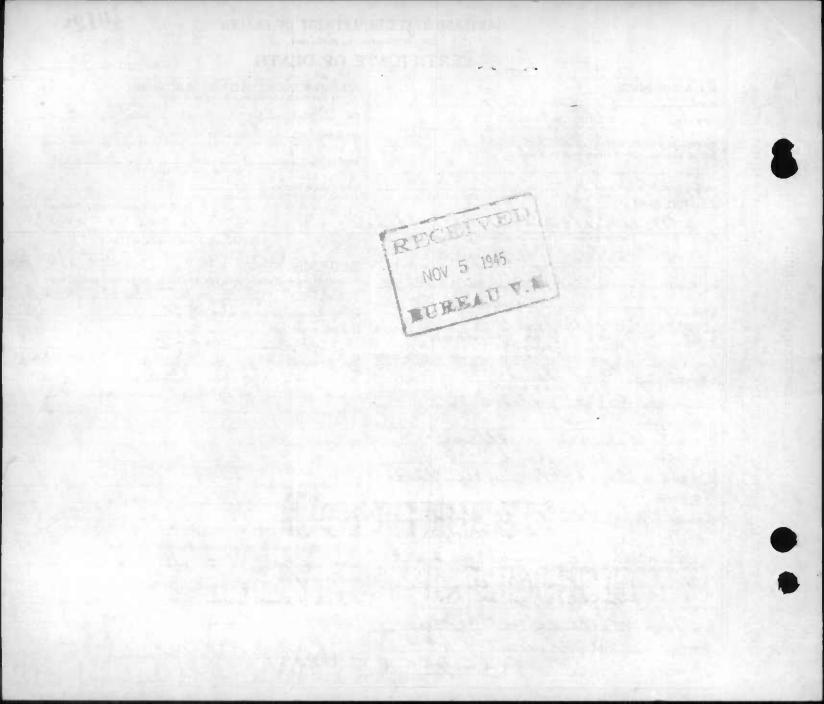
BUREAU V.&

#### CERTIFICATE OF DEATH

D	D.	24	- 1	44	

	Reg. Diat. No
1. PLACE OF DEATH:  County  The Land County  City or town.  (If outside city or town limits, write RURAL und give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
morris nelson Willhide	
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH Oct. 3 0  19 45 1/0 2/9 M
8.(b) Name of husband or wife Cthel (Farisman) Willhide  5.(c) It alive, give age 54 years  7. Birth date of deceased (mo., day, yr.)  Oct. 13, 1873	21. I CERTIFY that death occurred on the date above stated: that allended deceased from  19 45  and that I last saw h. Liv alive on
8. AGE: Years Mooths Days If less than one day 72 0 13	Due to Musicalti Chronic
10. Usual occupation	Due to
12. Name. Samuel Wilhide  13. Birthplace Maryland	Diher conditions
14. Maiden came. Mary (Farsey) Willhide  15. Birthplace Maryland	Major findings of operations.  Date of op.
16. Informant Mrs. Ethel Willide  Address Thurmont Ms	Autopsy results
17. Butial (Burlal, cremation, or removal, Which?)  Bate thereof 7.0. 2, 1945 (month) (day) (year)	22. VIOLENCE: It death was due to exteroal causes, filt in the tollowing:  Accident, suicide, or homicide
Cometery or crematory. I Brathaut.	Where did injury occor?
Address Thurmout	Means of Injury Injured at work?
19. Nov. 1 19.45 Blanche S. Eyler (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Address Date signed   Q   B   VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Dist.	No.		0	Ł.

1. PLACE OF DEATH:  County Frederick  City or the (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Lifetime  Nospital, institution, or street address where death occurred:  38 East Sixth Street  Now long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City or tween (If outside city or town limits, write RURAL and give nearest town)  Street No. 38 East Sixth Street (If rural, give LOCATION)  2.(a) If veteran, name war None		
3.(a) FULL NAME  CHRISTIAN THOMAS WILSON	3. (b) Social Security Number		
1. Sex   5. Color or racs   8.(a) Single, married, wildowed, or diversed  Male   White   Wildowed	MEDICAL CERTIFICATION  20. DATE OF DEATH October 3 19 45 at 6 p.s. M		
8.(8) Name of hashess or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 45 to 19. 45  and that I last eaw h 20. 2 live on 19. 5  Immediate cause of death DURATION		
8. AGE: Years   Months   Days   If less than one day	Chronic macarditio grante		
8. Sirthplace	Due to		
14. Malden name. Sophia Albaugh 15. 84thplace Frederick, Maryland	(Include pregnancy within 8 months of death)  Major findings of operations		
18. Informant Henry L. Wilson Address Frederick, Maryland	Autopsy results		
Burial Date thereof Oct. 6, 1945  (Burial, cremation, or removal, Which) (month) (day) (year)  Cemetery or Company Frederick Memorial Cemetery  Linden Hills, Frederick, Md.	Accident, suicide, or homicide		
18. Funeral director	Means of injury Injured at work?  23. SIGNATURE M. D. or other		
19. 5- Oct 1945 Elizabeth Hels. (Date rec'd by registrar)  Registrar	Address mederal, med Date signed 195145		